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ABSTRACT

This booklet for field workers and project developers describes two consecutive IPREPA projects in Honduras that integrated a responsible parenthood element into a functional education program and integrated several agencies into project planning and implementation. Preliminary information provides a basis for this nonformal education program and some background. Discussion of IPREPA Stage 1 first considers site (Las Guanchias) and planning. The section on project implementation details the work schedule and cites corresponding points for consideration that comprise an objective list of potential problems and suggests alternative actions. Conclusions and principal lessons learned are summarized. The discussion of IPREPA 2 begins by overviewing the planning for this adult education program for rural development that combines elements of literacy teaching, health education, and family planning. Other sections describe implementation, midterm evaluation, and activities (individual work by staff, development of literacy teaching materials). A concluding section raises issues regarding projects of this type, especially concerning the integration of agencies in a single program effort. Appendixes include a discussion of various nonformal education approaches with glossary of terms in adult education and community development, description of strategies for project planners, sample pages of project-developed literacy and numeracy primers, brief bibliography, details of financing, and survey instruments. (YLB)

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Adult Education Community Project and Planned Parenthood. A Study of an Inter-Agency Project in Honduras, Central America.

By
Margaret H. Davies

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FORWORD

The opportunity for IPPF to work with World Education in support of the IPREFA project in Honduras came at a time when the Federation was crystallizing its own thoughts about the educational aspects of its work expressed in "A New Educational Policy for IPPF" in 1976.

Two interlocking themes run throughout the Policy: "Education belongs to all. In this sense everyone is an educator and everyone is a learner" and "People have their own way of doing things and prefer to do things for themselves." The IPREFA project came as a milestone for IPPF, not only because it is a practical reflection of these ideas, but also as a concrete demonstration of other important lessons about family planning to emerge during the seventies and pertinent to our work in the eighties.

Throughout the seventies IPPF moved consciously towards a more integrated approach to the delivery of family planning. Recognition grew of the need to combine family planning with other efforts to meet community needs. IPREFA shows how such an approach can work in practice; how family planning education can be offered in the context of a broader range of educational concerns; how education and service components can re-enforce each other as part of a comprehensive package.

IPPF as a federation of voluntary, indigenous family planning associations has long built on the key importance of community participation in its work. IPREFA gave us the opportunity to enrich our understanding of this process and particularly of how we can work together with other community organizations such as co-operatives. We also learned important lessons about the evaluation of community projects, where we are as concerned to know "why and how" things happen as we are to know "what and how much".

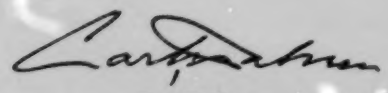
IPREFA Two offers us a good example of how, from small beginnings,

projects can grow and expand to serve larger numbers of people. The limitations on development resources we are likely to face in the coming years confronts us with a renewed challenge to do "more with less" providing good quality education and services to more people at lower cost.

Inter-agency collaboration, so often advocated, so difficult in practice, is another interesting and important feature of IPREFA. The partnership worked out between Honduran governmental and non-governmental agencies, between the education and health sectors, between the international agencies supporting the project are all rewarding examples of how resources can be combined to the benefit of the community.

Finally, IPREFA demonstrates how obstacles can be overcome with good will and determination. For all its achievements, the project encountered problems along the way, many of which are described and analyzed here. Sharing difficulties as well as accomplishments is an important part of the process of profiting from each others' experience. In reality there is no such thing as a "model" project. There is, however, genuine value in learning from the work of others. We believe that the lessons of IPREFA will prove illuminating for colleagues in the fields of family planning, functional education and other community-serving programmes.

We congratulate our Honduran friends on their achievements and wish them all success in their future endeavours to improve the quality of life of the people they serve.



Carl Wahren
IPPF, Secretary General

INTRODUCTION

Both the International Planned Parenthood Federation and World Education have learned a great deal since the inception of the project described here first began.

In 1971, World Education was wondering if family planning information could be incorporated into functional literacy programs. "Functional education for family life planning" was the term it used to describe several programs that were just beginning. At the same time, IPPF was exploring the notion that functional education might help in increasing the knowledge and understanding of family planning.

We have come a long way since 1971. World Education has become convinced that it is neither ethical or pragmatic to impose our agenda upon the local agency with whom we are working or on the learner. It is *their* program, not ours. They, not we, set the priorities. They determine what problems need to be addressed, and in what order. We are there simply to "facilitate" the process, to make it easier. IPPF has come to see that family planning or "responsible parenthood" is only one piece of a multidimensional and interlocking set of community concerns. Family planning is placed in context and broadens to include health and nutrition, child and maternal care, earning a living, the status of women, and many other factors.

We are both still learning. We have not arrived at a "formula" for a successful project. Nor do we expect to.

But we do know that the success of any project will depend on how thoroughly we understand and respond to the needs of the adults with whom we are working. Although learning to read and write and adopting family planning practices may be high or low on the learner's list of priorities, we now have

some evidence to support the hypothesis that both will come to be viewed as important.

In any case, we are certain that addressing some of the development concerns we all share will have important, positive outcomes. And in the process we have all changed: learner and teacher, teacher and supervisor, supervisor and the implementing agency. We do not exclude ourselves from this process. We too are learning.

This project in Honduras, undertaken jointly by IPPF and World Education with the Ministry of Public Education, the Ministry of Public Health, the Farmers Cooperative in Honduras and the Honduran Family Planning Association has contributed significantly to our understanding. We are pleased to have descriptions of the events that took place – and are still taking place. We hope that it may provide some useful insights to others who share our concerns.

Thomas B. Keehn

Thomas B. Keehn
President
World Education

PURPOSE OF THIS STUDY

The aim of this booklet is to share ideas and experience relating to the development of integrated projects. We think this will be of interest to family planning associations and similar community serving organizations. The integration of the project is described in two ways: Firstly, we consider the inclusion of the functional education approach into a planned parenthood project. Secondly, we describe the integration of several agencies into the planning and running of the project. We feel that such inter-agency cooperation is both valuable and productive.

The IPREFA project in Honduras, Central America developed in three stages. The planning and implementation of an experimental project was followed by two consecutive projects. This was spread over nine years. This booklet will describe each part of the work in detail and relate it to the project objectives and the findings of the evaluation. By extracting lessons, we hope to provide a useful set of reference points for other organizations that would like to develop similar initiatives. In particular, this monograph will consider the following issues:

- Integrating family planning work with functional education programmes.
- Planning and implementing projects jointly: governmental and non-governmental agencies.
- Building evaluation into the work of the project.
- The results of the project.

Since this is a document for field workers and project developers, the appendix includes details of financing, sample pages of literacy and numeracy

primers developed by the project, copies of formal agreements and lists of the questions from all the relevant questionnaires. The appendix also contains an account of various nonformal education approaches to projects in the community together with a glossary of commonly used terms in adult education and community development

This monograph is printed and funded by International Planned Parenthood Federation (IPPF) and World Education. IPPF is a voluntary organization which receives private and governmental aid. Working with its affiliated family planning associations (FPAs) in almost one hundred countries of the world, it advises on and funds health, medical and education programs which encourage responsible parenthood. The project described had technical assistance from World Education, a private, nonprofit, development assistance agency which provides professional advice and services in the design and implementation of nonformal adult education programs. The writer is a practitioner in the field of adult education and community action.

We hope you will enjoy reading this monograph. If you would like further information, to discuss points in more detail or simply want to share similar experiences please write to:

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IDENTIFYING THE PROJECT

The funding, planning and implementation of the Honduras project were undertaken jointly by IPPF and World Education after World Education had discovered an area of work in discussions with the Honduras Ministry of Public Education. People in one district of Honduras had received some basic education but no funds were available to continue it. With IPPF as the major donor, and World Education providing the educational consultants, a basic adult education program was planned for the community incorporating also some elements of planned parenthood education. The Ministry of Public Education of Honduras provided sponsorship and administrative support. The Honduras Family Planning Association administered the funding and provided technical staff.

In 1971-72 a pilot program was successfully carried out. This established that the integration of family planning education into literacy and numeracy teaching programs was a viable proposition. It also demonstrated that both the classes and family planning concepts were acceptable to rural communities in Honduras. The pilot project lasted six months. In it, a series of adult education classes, using specially prepared literacy primers with a planned parenthood theme, were held in one rural area. The training and supervision of specially selected primary school teachers had been an integral part of the project and the results of the teaching were assessed in a final examination. World Education and IPPF consultants learned from each other by working together and participating in the final evaluation. It was a collaboration that helped the family planning specialists explore the usefulness of nonformal education approaches to the promotion of responsible parenthood. World Education was able to initiate a community-based functional literacy project with a strong health education element. Both agencies built up a working relationship with the Ministry of Public Education.

In 1974, in a different area of Honduras, phase one of the IPREFA project, which is the basis of this study, was begun. It was designed to develop a better working model for cooperation between the agencies and to improve on the quality of communication and the dynamics of learning achieved in the pilot scheme. To this end the project was based in organized, politically active village-based cooperatives. The cooperative leaders advised and

collaborated at every stage of the work. The instructors were not outsiders but specially trained volunteers from the community.

It was planned as a functional education* (not simply literacy) project with a responsible parenthood element. The teaching methods were to be non-formal*. The syllabus was derived from a baseline survey administered by the same local volunteers who were later to do the teaching. Primers in maths, agriculture, responsible parenthood and literacy were designed by resource specialists who received constant feedback from the volunteer community tutors about the students' response to the materials and their own problems in using them. Full-time project staff lived in a neighbouring town as a condition of service and conducted a mid-term survey at the end of the first year. The experience thus accumulated was passed on to the teaching and learning resource staff and applied in the training of the second group of volunteer tutors in the second year of the project. The halfway and final evaluations demonstrated the effectiveness of the functional education approach and its success in a community-based and participative scheme designed to promote awareness of planned parenthood issues.

In the 1971 pilot project, inter-agency cooperation between IPPF, World Education and the Honduras FPA together with the Honduras Ministry of Public Education was a new venture for all parties. A formal agreement spelled out respective roles and responsibilities. The later project "IPREFA One" streamlined inter-agency cooperation and attempted to evaluate its results in the field. The project organizers were thus able to present to the Honduras Government a successful administrative formula for future developments as well as the statistics and resource materials that demonstrated the success of the project in achieving its community development objectives. As a result, in 1978, the second phase of the IPREFA project began with a formal agreement of cooperation between the Honduras FPA and the Ministry of Public Education. Once again it was jointly sponsored by IPPF and World Education but the program now also included the material cooperation of the Honduras Ministry of Public Health and Social Security. The objectives were the training of community health workers and volunteer literacy instructors; the preparation of second level literacy materials; and the development of a public education program in health and planned parenthood. This project also aimed to develop a model inter-agency project that could be replicated throughout the country.

*See Appendix One and Appendix Two for definitions.

HONDURAS

Background

Honduras lies between Guatemala, El Salvador and Nicaragua in Central America. Its coast meets the Caribbean Sea. Mountains up to 2,500 metres high cover four fifths of the country while the coastal lowlands are convered with tropical vegetation. Most of the north shore is swampy and difficult to live in so population centres are only on the southwest plateau and the remaining habitable valleys and coastal plain of the north. The principal products of Honduras are bananas (70 per cent of all exports), coffee, red beans and timber. There is unexploited wealth in sugar cane, tobacco, cotton, rubber, valuable woods and mines of amianthus, platinum, iron, gold and copper. Factories have been built for food processing, weaving and flour milling but transport is a problem. There is no railway and the already poor road system is made less passable by flooding and damage from heavy rain and frequent hurricanes.

Honduras covers 43,277 square miles and has a population density of 58 per square mile. This seems low until it is realized that most of the country is uninhabitable. Statistics show that the population rate is increasing 3.5 per cent per year and that there is a problem of rural drift to the capital Tegucigalpa in search of employment. Other relevant statistics are as follows:

- Apparent illiteracy 40.5.
- Births 43 per 1,000.
- Deaths 6 per 1,000.
- Infant mortality 31.4 per 1,000
- More than half the population is under 15 years of age.
- The average number of children born per woman is 7.5.
- This rises to 8.6 in rural areas.
- 70 per cent of the population lives in rural areas.

FIRST PRINCIPLES

Both World Education and International Planned Parenthood Federation are organizations committed to enabling people to understand the forces at work in their own lives and to discover how to take action to change their lives for the better. The lives and concerns of the people in the project areas in Honduras revolved around their agricultural cooperatives and villages. Issues of nutrition, agriculture, finance, community action, health, literacy and numeracy were prominent. These had to be integrated into a planned parenthood education programme and also shown to be related to each other. World Education and IPPF had to choose:

- A strategy for approaching the community.
- The design of the functional educational element.

Methodology*

Why the stress on the community setting? A government department may formulate a policy but it will be accepted, rejected or ignored by men, women and children acting out their daily lives. Mass media and advertising campaigns have been shown to have limited effectiveness in changing people's behaviour and attitudes in relation to planned parenthood. What then or who is the most effective agent of change? In some countries the health worker, agricultural extension agent or community development worker is appointed by the government to bring about change. In other countries, changes in the traditional way of life are made after much group discussion. These group discussions may be part of the culture of the people or initiated by education workers who use them for the introduction of new ideas or for the promotion of activities. Whatever the strategy, the individual, the family and the community are at the centre of the decision-making process. This process also entails a learning activity. Each village, neighbourhood and street is different from the next. They have different concerns, different priorities and different perceptions of the outside world. Well formulated national policies mean nothing to the isolated and the disadvantaged until they have learned to see them in the context of their daily lives. Many see no link between their problems and the problems of

*For a fuller discussion of the terms "community development", "community education", "basic education", "functional education" see Appendix Two.

the nation. They feel they have no power over their lives let alone over the future. Each community and each individual therefore needs to think things over and be convinced. They need to consider ideas on their own terms. Since each community is different, each community has to begin its own process of discussion, analysis and reflection which will in time lead it to take action to change the lives of its members. This change will take place at the level they know – that of their personal life and of their immediate environment and community. Learning is part of that process and planned parenthood is one of the topics for discussion.

Why the stress on functional education? Functional education is a strategy* used within nonformal education. It aims at responding to group and community needs. It assumes a syllabus – or plan of study – tailor-made for the specific way of life of a specific community. Functional education aims to teach people what they declare they need to learn. It is teaching on equal terms. In this kind of nonformal education there are no "subjects", no examinations. The ultimate objective is to enable the student or community member to participate in activities which will help them improve the quality of their lives and of their environment. The term functional education is now in common use among community development workers, community health workers and adult educators. It is particularly relevant to the countries with scarce resources and to projects aiming to raise the standard of living of the people and it is increasingly used in basic and remedial adult education programs in affluent nations as well.

THE MODEL

The two IPREFA projects made functional education classes the keystone of their activities. The classes were taught by community members around themes that sprang from the daily lives of the participants. While literacy and health education were the objectives of the study circles, the primary goal of the project was to stimulate the use of planned parenthood facilities.

*See Appendix 2 for a discussion on the strategies open to project planners in the field of community development and functional education.

EVALUATION

In this context evaluation is not simply a way of checking results to see whether they justify further expenditures, but a tool for making an ongoing project more effective.

IPPF and World Education have always used evaluation in their projects at national and experimental levels. A project needs to quantify results in order to gauge effectiveness and to decide whether money has been well spent. "Effectiveness" may be measured in cost efficiency, in the extent to which targets are met, in the quality of the work that was done or in the impact the project had on the target population. Measurements of this kind are traditionally taken after the event; after the project is finished and the staff have moved elsewhere.

An experimental project will have an evaluation system rather more closely tied to the stated aims and objectives of the project. Results are not simply quantified; they are set against indicators of the situation before the project began. In an experimental project therefore, the baseline survey is an essential element. This consists of a detailed preliminary investigation and description of the field before the project begins. In the IPREFA projects this was a survey of peoples' previous educational experience, literacy and numeracy skills and knowledge of planned parenthood concepts. The results of the teaching and the planned parenthood education could, as a result, be compared with the situation before the project began. It was possible to see whether changes had taken place and to what extent. The quality of the projects' effectiveness could be noted as well as statistics of how much was done and how many people were reached.

To begin to do this is to move away from measuring results for their own sake and towards collecting information which can materially improve the design and execution of the project. Feeding evaluation results back into the project can help staff develop a better perception of their work, help correct any planning errors and provide an early warning system for successes, problems and failures. None of this can happen if evaluation is done at the end of the project only.

Evaluation is usually conducted by outsiders; experts in the fields of questionnaire design and interpretation of statistics but without the instruments to measure the nature of change and the quality of the

experience. Their findings go to policy makers and leave the project workers ignorant of the overall picture; unconsulted about their perception of the nature of the task and possibly embittered by what they see as harsh or simplistic judgments on the results of their work. Feedback and ongoing evaluation eliminate this. At the same time they contribute positively to the work in hand.

It is also possible to question the need for so many experts (trained interviewers, data analysts etc.). Much of the evaluation process can be conducted by the workers and participants in the field. Indicators can be found among existing data, questionnaires can be designed that do not call for sophisticated analysis and cross referencing. They can be administered by local people and project staff and analyzed by anyone with numerical skills and possibly a calculator. Speed, feedback, a feeling of being involved rather than judged, consulted rather than sampled, all give project participants a sense of dignity and competence. They also have direct access to the information that will help them improve the project.

Building evaluation into the project makes organization more complex and will be slightly more expensive. There are compensations though. In the "IPREFA One" project for example, the baseline survey was partly designed and wholly administered by village members. It formed part of their basic training. It was used to design the teaching material; to familiarize the volunteer tutors with the objectives of the project. In addition, the volunteer tutors administering the survey gained status; an insight into the knowledge and attitudes of their future students; self-confidence. The conducting of the survey became like an advance advertising campaign for the literacy classes and the project itself. In this case evaluation can be seen as a contributing factor to the development of the project.

The principle of participant involvement was evolved differently in IPREFA Two. The staff themselves worked with the external evaluator to collate data, quantify and tabulate results and compare them with target objectives. In this way, those responsible for day to day project development in their own specialist area saw for themselves the overall picture. They discovered what was working or not working in their own field of responsibility and in that of their colleagues. Since this was a project involving staff from three separate agencies, the work on the mid-term evaluation was shared. Decisions on work plans and priorities for the second half of the project could therefore also be shared without any of the usual special pleading or cover-ups.

The principles of evaluation in the IPREFA projects are as follows:

- clear definition of aims and objectives, tasks and time scale.
- baseline survey to establish a clear target and starting point.
- mid-term evaluation to discover progress made towards achieving these objectives; to identify problems and to feed information back to project staff responsible for the project.
- final evaluation to discover progress made towards achieving objectives and to state problems as well as achievements.
- avoidance of complex technologies of investigation.
- preference for collection of data throughout the project and regular feedback of information.
- preference for project staff and participants in the project taking part in all stages of the evaluation process.
- imaginative search for indicators among existing documentation and resources.

IPREFA STAGE ONE

Site

The project was based in Las Guanchias, a tropical banana-producing area in the north of Honduras and one of the most densely-populated areas of the country. The work was to take place in six communities with about 650 people in each. The people had recently gone over to co-operative organization for both political and survival reasons. They had organized themselves in order to increase production, diversify crops and improve housing, health and living conditions. Some farmers had already increased their income tenfold.

Several other factors made Las Guanchias an ideal setting for a pilot project in a functional education program for adults with a planned parenthood

component. Organizationally, there was motivation, precedent and support for the project and its evaluation.

1. The organization and motivation of the co-operative members was very strong. They were also very interested in self-education. A two-year adult education program had been run in the six co-operatives by four full-time, trained adult educators of the Department of Literacy and Adult Education of the Ministry of Education. This had provided a broad-based functional educational program and their students had protested when it came to an end after two years. The Ministry had requested a planned parenthood and health input from the sponsoring organizations as a way of continuing the education program.

2. The preparatory work of the sponsors was facilitated by the detailed survey of the area made at a UNESCO seminar in Las Guanchias. All the relevant socio-economic data was therefore tabulated and up-to-date.

3. There was some infrastructure for follow-up after the end of the project since USAID was finalizing a five-year project on non-formal education for the whole area.

4. Medical provision also existed. One co-operative had a local clinic and a mobile unit visited the whole area.

5. In human terms and in terms of IPPF objectives and the evaluation of success, the project was ideal: the socio-economic survey had revealed a high mother and child mortality rate, a high proportion of abandoned mothers and abandoned children, together with the information that planned parenthood was not perceived as a felt need.

6. World Education had identified the situation and was keen to provide services.

PLANNING IPREFA ONE

Early experience

Both sponsoring organizations declared the 1971 experimental project only a

qualified success since a working model had not been established which guaranteed:

- The planning, preparation and execution of a functional (as opposed to basic) literacy learning program;
- The development of group or participative learning methods and appropriate teaching resources;
- The active involvement of the community at each stage of the project;
- Good teaching.

In effect the program had been a series of adult literacy classes using specially prepared primers with a strong planned parenthood theme. Evening classes were established in 20 villages for a six-month period. It was pitched at first-grade level and the classes took place in local primary schools taught by local primary school teachers who had taken a three-day course in the techniques of adult education and family planning concepts. Two literacy primers and a teachers' manual were produced by an outside team. Both primers included practice in reading and writing, civics and basic maths. Of the 627 students who began the course, 66 per cent completed it; of these, 77 per cent passed the final exam. The project had a director and two supervisors.

The Association of Honduran Campesinos were responsible for selecting the areas in which the classes were to be set up and for encouraging its members to participate in the project. The Adult Education Department of the Ministry designated staff to prepare literacy materials, appointed the Project Director and two supervisors, appointed and paid the tutors, and made arrangements for the use of schools, etc. Honduras FPA had a loosely defined coordinating role, channelled IPPF funding and monitored progress; World Education provided funds and equipment for materials production and outside specialists for the training course. Although successfully carried out, the pilot project revealed:

- the need to design a more appropriate literacy primer.
- the need to plan a learning experience more relevant to the

- experience of the people.

Determined to learn from the experimental project, World Education and IPPF identified Las Guanchias as an area with active community leaders; cohesive community spirit, and a clear demand for education. At the early stages of the project, World Education checked that active co-operation would be forthcoming from the communities. This was because it had been decided to ask local people to tutor their own communities rather than using hastily trained teachers accustomed to teaching children in schools. It had also been decided to adapt the Paulo Freire* approach to the literacy teaching. The community members themselves would participate in the survey of the community to establish the profile of interests and perceived needs that would form the basis of the curriculum and the vocabulary of the primers. Their active co-operation was therefore essential.

World Education and IPPF had common objectives as well as a determination to improve on the previous model. These were stated in the project proposal:

- To demonstrate the effectiveness of functional and community education techniques in the field of education for responsible parenthood;

- To develop a working model, acceptable to the respective agencies and replicable throughout the country;

- To integrate evaluation into the implementation of the project as well as an instrument for measuring success or failure when the project ended.

It needed six months of negotiation to formulate a mutually agreeable division of administrative responsibility, costing and description of jobs.† The sponsors acted as links between the Ministry of Education and Honduras FPA while negotiating directly with each other.

The Project Aim:

- To create an integrated model for family life education and functional education.

*See Appendix Two.

†See appendix for costing of the project and division of responsibility.

Project Objectives:

- To increase knowledge about and create a positive attitude towards family planning.
- To demonstrate at the same time that these concepts can successfully be incorporated into a program of functional education for adults.
- To involve the target community at every stage of the planning and implementation process.

PROJECT IMPLEMENTATION

In the section that follows, the left-hand column details the work schedule. The right-hand column raises points for consideration by other project planners reading this monograph. These points arise from an expansion of the work schedule; an objective list of potential problems and some practical points which have some bearing on the planning of new projects. The project is described following the planned work schedule, and the points where problems occurred and adjustments had to be made are explained. In this way, the right-hand column, "points for consideration" is intended to elaborate on the work schedule as well as to suggest alternative actions. It also provides a checklist for discussion by other project planners.

PROJECT IMPLEMENTATION

The Work Schedule September to December 1974	Points for Consideration
Preparation of action plan, budget and agreements.	Field staff from the sponsoring organizations helped prepare the initial proposal.
Formal project proposal went to World Education and IPPF, signed jointly by Honduras FPA and Minister of Public Education.	IPPF Grants Committee Chairman's agreement specified: time scale; amounts of money allocated by each organization and for what purpose; and that cooperation with the government ministry had been negotiated, confirmed and agreed.
Chairman of IPPF and World Education signed a legal agreement to give grant aid.	
On receipt of this, Honduras Ministry prepared ("Convenio") a formal legal agreement signed by all four parties.	'Convenio' detailed the objectives, methods of working and division of administrative responsibility.
Money released.	*All points of the work plan, objectives and job specifications of staff need to be clarified before applications for money are made and formal agreements are signed.*
	Agreements were signed by directors of participating agencies and government ministers.
	A work plan enables all concerned to anticipate and discuss points on administration or funding which may otherwise be left vague, overlooked or

Agreed Division of Responsibility

World Education: technical assistance including materials development, evaluation, and training.

Honduras FPA: local project implementation costs, day-to-day administration and reporting back to donors. Any extra costs.

Ministry of Education: three delegated teaching staff.

IPPF: Regular monitoring. Remittance of funds.

deliberately avoided. Sample action plans are available from IPPF and World Education.

Inter-agency projects cannot work if participant organizations do not have a clear and detailed picture of the area of responsibility allocated to them.

Points for consideration
A co-ordinating committee is the usual forum for inter-agency discussion and communication. It provides a base for raising issues and making joint decisions, and minuting them. One agency is allocated overall administrative responsibility and conventionally the project director is made secretary to the committee.

There is always a potential gap between the centre and the field.

Decision-making procedures, especially those enabling staff and participants to have a voice:

- *Where does the buck stop?*
- *Who is the boss?*
- *Who is answerable for the standard of teaching?*

Roles and relations with other agencies:

- *Who authorizes expenditure, signs the cheques, pays the bills?*
- *Who initiates and collaborates on evaluation?*
- *Who feeds information back to whom?*
- *Who keeps materials and equipment at the end of the project?*
- *Who makes sure the staff have jobs at the end of the project so that experience is not lost to the country?*
- *Who makes sure the project is noted, publicized and replicated?*

National attitudes to development agencies and FPA work:

- Was it tactful or wise to begin a parallel FPA campaign in the project area?

Advertising, selection, training and location of staff.

Who advertises the project posts, prepares the job descriptions, fixes interview dates, does preliminary screening, makes a short list of candidates?

January to March 1975
Paid staff appointed were:

What is the composition of the interview committee?

Evaluator;

Expert in audio-visual aids;

Expert in family planning;

Two specialists in functional adult education on secondment from the Ministry of Public Education;

Expert in agriculture.

Job description should include: necessity of living on the project; need for an attitude of flexible co-operation in a multi-disciplinary team, need to be prepared to work at grass roots level.

Since work beyond the conventions is expected and since living conditions will be poor, salaries and allowances will have to be higher than usual.

Since personality and commitment are important as skills, both public advertising and personal networks should be used to advertise the post.

It is usually impossible to find the ideal person for an innovative job. It is best to appoint someone with some of the skills and a clear capacity to adjust and grow with the post.

It was soon realized that the evaluator was also: making contact with the co-operatives, selecting volunteer tutors, finding suitable office and accommodation, supervising plans for materials, ordering equipment.

Since he was likely to continue in all these functions, his title was changed to 'Co-ordinator'.

Evaluation was taken over by World Education and IPPF outside consultants.

A wide field of candidates can be interviewed.

Appointment letters should be written, specifying conditions of service and the need for all staff to begin work at the same time.

Arrange secondment for suitable staff in government posts who might not otherwise take the risk of working on a short-term project.

Never allow a project and a director to begin work in an area without ensuring the full support and cooperation of community leaders by involving them in project planning as early as possible.

Work for the team began with a joint study of the project's action and survey of the area. The Co-ordinator had already begun the groundwork as described above so the two immediate tasks were to train the team and prepare a draft baseline survey.

Devise a mechanism for director and staff to discuss their work among each other. There should also be a procedure for the director to report ideas and present problems to the committee.

The Director took on the additional roles of team leader, team trainer, and arbiter of disputes. Interdisciplinary groups always have disagreements and conflict.

Professionals often reject or even feel and show contempt for peasants or unqualified or volunteer participants. Training will need to build respect for the leaders; promote mutual understanding among professionals; initiate exchange of skills; promote intellectual and personal appreciation of objectives of the project.

Project training is indistinguishable from promotion of good staff relations.

Are they best taught by other professionals; temporary placement with another office; field staff of sponsoring agencies; project leader?

How much time has been budgeted for?

How much time is needed for staff training running parallel to preparatory work?

A good training course moves at the speed of the participants, provides much time for practice, question and discussion in small groups, and has plenty of materials, equipment and examples for people to see and handle in their spare time.

Thirty-three volunteer tutors were found by the Co-ordinator. He was looking for people who were cooperative members, showed solidarity with their community, had a talent for leadership and seemed to have the respect of their fellows and an understanding of their mutual problems. The cooperatives agreed to give them time off in lieu of teaching and that they should not lose any financial or other rights of a co-operative member as a result.

The Co-ordinator prepared the draft baseline survey designed to provide a profile of the needs for functional education and the extent of knowledge of planned

Do volunteers teach free or do they get an honorarium? How does this affect their standing in the community?

Volunteers are unskilled, often scared, but with positive motivation. They will be quick to sense both goodwill and condescension. The way they are treated by the team will influence the public image of the program. There will be huge gaps of status, knowledge, concepts and understanding to be overcome on both sides.

Volunteers' training: what skills are necessary for the effective development of the project?

- *Are they manual, specific, experiential, general or attitudinal?*
- *What information and concepts does the volunteer need in order to understand the objectives of the project?*

Baseline survey as:

- Basis for final evaluation;
- Publicity exercise;

parenthood concepts in the co-operatives. This was to be the basis for the curriculum of the functional literacy teaching. It would be applied again at the end of the project in order to test gains in knowledge in the communities. The Co-ordinator sent the draft to the outside consultant and began the organization of the week-long seminar in which the volunteers would comment on the revised survey, be instructed how to use it and then travel back to the villages to administer it. It would also orient them to the organization of the project and its objectives.

Baseline survey seminar
February to March 1974

Outside consultant arrives for seminar with revised draft survey. He conducted the seminar with the help of the Co-ordinator.

Other paid staff and 33 volunteer tutors from the co-operatives met and participated.

They:

- Learned about contraception
- Setting the curriculum, and starting at exactly the right level for the learner.

Baseline surveys are designed by experts but can be applied by non-experts with minimal training. Designing a questionnaire for administration by barely literate amateurs is possible and it works.

The participative approach is needed in:

- Planning a project;
- Defining a curriculum;
- Identifying needs;
- Defining the evaluation system.

Seminar was a residential week in the project area; expenses were paid for volunteers.

Outside consultant needs previous experience with non-professionals and familiarity with this kind of survey work leading to the preparation of educational materials and the identification of attitudes.

and planned parenthood;

- Were helped to understand the concepts of evaluation and survey;
- Were trained to administer the survey.
- The survey was revised in the light of their comments;

The final draft written by the Co-ordinator and the Consultant was typed and duplicated.

Volunteer tutors went to the co-operatives and administered it.

While volunteer tutors were introduced to the concepts of group discussion and adult education, project staff collated and tabulated survey results.

Joint final evaluation of the seminar itself revealed it had been a success.

Seminar Teaching

Method: mainly small group discussion and demonstration followed by role play.

People running these seminars need self-confidence and charismatic personalities as well as training skills. These are essential to give confidence to volunteers to evoke trust and to motivate doubting professionals.

The seminar had transport, typing and duplicating facilities day and night.

Results and spin-off were:

- Data obtained;
- Volunteers motivated and knowing the staff, location and organization of the project as well as understanding the objectives;
- Volunteers seen by their community administering the survey;
- Volunteers aware (as future teachers) of data obtained and community attitudes;

Survey questions:

Age: level of previous schooling; profession or status; conjugal status; number of children; number alive; Do you know if it is possible not to have children?; How often is it convenient to have another child? – Why?; How many children do you want?; – Why?; How many children is too many?; Would you be embarrassed if people knew you were planning your family? – Why?/Why not?; What are the days a woman is most likely to get pregnant?; Can a woman get pregnant without sexual relations?; What contraceptive methods do you know?; How did you hear about them?; Are you or have you used any contraceptive method?; What method are you using now? – in the past?; Why did you give them up?; Did you consult your wife/husband? – Why?/Why not?; Why do people use contraceptives?; How

- Peasant volunteers with little formal educational experience understood the concepts of survey and evaluation, planned parenthood and the objectives of the project. They administered the survey successfully.

- Project staff had met volunteers on equal terms, knew their individual potential and needs for further training;

- *Outside consultant as an impressive expert takes the heat out of local debates by becoming their focus.*

do you think having too many children affects the family?; Where do you get the things you need to avoid pregnancy?; Do you want a clinic near you?; Have you got a radio/TV?; Are newspaper/ magazines available to you?; Do you listen/watch/go to the pictures?	
Project staff added available statistics on deaths and births for the area and the availability of doctors in the area.	Project staff have all available data for making a course tailor-made to the needs and interest of students. They are familiarizing themselves with the community.
Survey by project staff using an adaptation of the Paulo Freire* method. Seventeen generative words and themes are identified: house, harvest, mill, cattle, machine, sex, clothes, family, clinic, pregnancy, son, shoe, pumpkin, rain, road, cane, co-operative.	Although such seminars are expensive, calling as they do for practical exercises, outside consultants, accommodation for participants, and much transport, typing and duplicating, results and spin-off amply justify the cost: ■ Less danger of inappropriate materials; ■ Less money wasted on unmotivated or poor teachers; ■ No possibility of poor response to the project; ■ Reduces misunderstanding between staff and the target group.

*See Appendix 2.

It is important not to underestimate the boost to the morale of the community. They participate on equal terms. This is an important community development factor.

July 1975 to December 1975
Implementation and preparation

Three activities ran parallel:

- Preparation of materials;
- Getting the study groups organized in each community;
- Training the tutors.

The Coordinator set deadlines, ensured that resource staff kept to the objectives of the program and prepared the tutor training seminar.

The Coordinator and volunteer tutors began recruiting students. Tutor opens a register for up to 20 students who had to be co-operative members or their wives.

Training seminars: these lasted five days and took place three times in the five months after the baseline survey.

Need to check constantly that the resources stick to the guidelines (theme, level, motivation).

- Need to set deadlines;
- Need for fast duplicating or printing facilities;
- Need to field-test materials (on a small group if necessary) before they were finally printed.

Functional education programs can assume basic literacy or they can combine basic literacy teaching with functional education.

Decisions on resources: printing or duplicating, colour or black and white, line drawings or illustrations, charts or primers or cards, teachers' manual, workbook, copy book, typeface, number of copies needed. Teaching aids.

Training approach: socio-drama, intensive small group practice, teaching and practice in making their own teaching resources formed the activities. Volunteers their own teaching resources formed the activities. Volunteers used the prepared kit: black-board, flannelgraph, magnet board, flipcharts, literacy manual with planned parenthood theme and a game which used photos of local people and places with appropriate words for reading practice and discussion. Teachers' manual. Volunteers taught each other. The concept of generative* themes was explained to them.

Implementation: starting the classes. Since confidence had been generated by the training course and the materials were ready for distribution, the classes, called study circles, were started immediately.

Resource staff needed to know:

- Existing level of knowledge and attitudes of students;
- Capacities of tutors and their education level;
- Classroom conditions;
- Reading level and concerns of community.

The need for regular consultation with the project director.

Training amateurs to teach involves:

- Preparing them for role of motivator and group leader and student attitudes;
- Making them skilled in starting off teaching and in using learning drills and games;
- Familiarizing them with the material.

Decisions had to be made:

- How many evenings/daytime classes could a tutor teach and students attend regularly;
- Change the role of resource

All project staff visited the classes to watch, help, advise and reassure volunteer tutors as they worked week by week.

Other:

- During the latter part of the year, a community-based distributor program was begun in the project area by the Honduras FPA.
- A second training course was run for women volunteer tutors;
- The community-based distributors received combined bined training in contraceptives methods and some familiarization with group work with adults;
- A mathematics manual and some complementary reading material were also prepared.

Services element: community-based distributors were working in the villages. This was a national HFPA program. There

team to that of support team for volunteer tutors now working with materials;

- Follow-up seminar for all tutors to give moral support, check on numbers attending and further advice on adult teaching (a moan session);
- Detailed notes on tutor comments to be taken and applied to the second stage materials preparation and the training of new volunteer tutors;
- Most work now took place out of the office and in the village;
- Link the project in with other initiatives in the area;
- Make sure students and tutors are informed of other initiatives in the area;
- Develop regular contact and feedback from the tutors to the project office.

Make sure CBDs know of and see the need to tell their contacts of the education program.

Make sure educators know of and tell the people of the CBD and

had been doubts about introducing it into the area at the same time as the community education groups.

These scruples regarding 'overkill' gave way to a strong feeling that CBDs would complement the IPREFA project, especially as there was only one clinic in the area.

clinic facilities.

Develop a recording system to check incidence of cross-referrals, if any.

Problem of falling attendance. This besets any voluntary education movement. People who work all day are tired in the evenings, they distrust volunteer tutors and their personal problems will always seem more pressing than going to a class or group.

January to March 1976
Rolling program

Co-ordinating committee came to the project to evaluate the first year's work. They interviewed the staff, saw materials, visited the project area, interviewed students, co-operative leaders and tutors.

Introduction of related projects: in particular vegetable gardens and handicrafts. This increased class attendance in one area. Teaching continued, resource staff continued developing second-level materials for use in the second year of the project and revising existing material.

People living in the area who

Need to define clearly the objectives of an interim evaluation:

- *A check on progress?*
- *A check on quality of work and of teaching?*
- *A check on community response?*
- *A check on effectiveness of coordination of different elements of the project?*
- *A check on budgeting and cost-effectiveness?*

Need to communicate findings to

were not co-operative members had asked to have their own literacy classes. IPREFA agreed and began the training of instructors.

A family planning clinic was opened in one of the co-operatives and developed links with the CBD.

all concerned.

Need to make sure findings are noted and acted on where necessary.

Need to check on public image of the program.

Problems of falling attendance at study circles:

- Study is hard work;
- Tutors need support;
- New initiatives can be developed.

August to December 1975

The first group of students began their second year of instruction which concentrated on functional literacy and used more group discussion techniques. Non-co-operative member students from the wider community began to study using the revised materials. These included a 17-unit course designed to take four months. It taught basic literacy and numeracy in the context of community needs with components of human reproduction, responsible parenthood, family planning and contraceptive methodology.

Do funds and time allow for re-printing and remaking of first sets of materials?
Do funds and staff time allow enough on-going support for tutors in the field?
Does the initial budget allow for increased demand for teaching?

The team had now a very complex work program. Could they cope with this and their new role as tutor-advisor?

What system can be used to:

- *Keep an account of weekly events;*

The additional reading book was available to both groups.

Preparation and holding of a final examination:

- To give a certificate to students;
- To furnish statistics on learning and attitude change for the final evaluation.

January 1977

Final evaluation by IPPF and World Education researchers.

End of the project.

- *Note successes and problems;*
- *Act where necessary.*

Should the team diverge from the work plan if it is clearly necessary for the realization of the objectives or to meet demands of the community?

The politics of family planning:

- *Local church;*
- *Relevant government departments;*
- *Should people going to the clinic be encouraged to go to classes?*
- *Should people at the classes be encouraged to go to the clinic?*

What happens to students and volunteer tutors at the end of the course:

- *Further education needs;*
- *Community development needs.*

Are all the interests, demands and ideas raised by the project and its participants to be let drop? If not, who sets up links

Final evaluation objectives:

To assess the impact of family planning education, information and services on the community;

To assess the validity of integrating family planning education with functional education.

Survey method:

- Compare baseline survey results with final examination and survey results;
- Examine statistics of uptake of clinic and distribution services;
- Profile of people attending classes;
- Observation and interview with staff, trainers, volunteer tutors, co-operative leaders and government officials to get their opinions.

Result: 30 per cent of co-operative members participating in the project learned to read and

with other government departments and programs before the project team leave?

Evaluation:

Need for all staff participants to keep detailed statistics according to an agreed formula.

Need to develop research method for assessing non-quantifiable phenomena, for example:

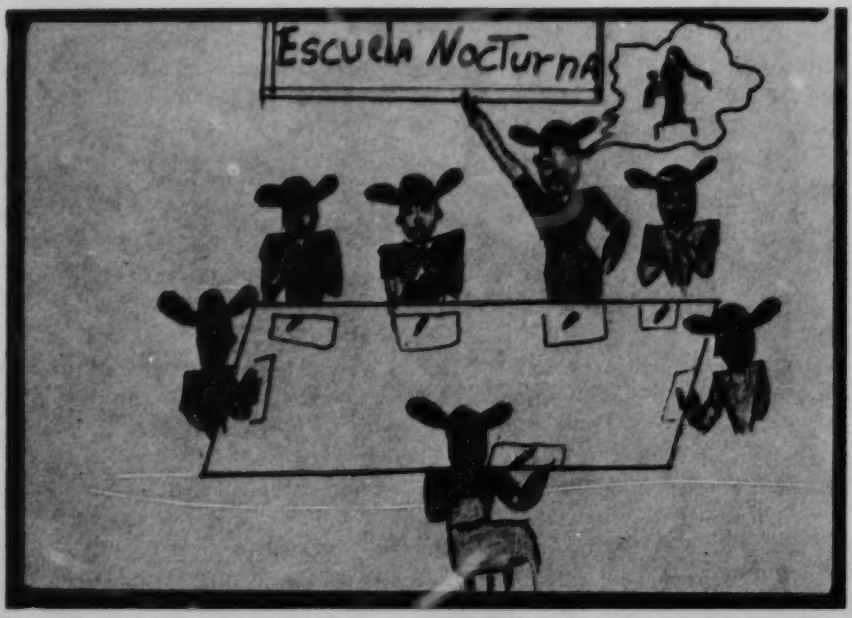
- Community response;
- Inter-agency co-operation;
- Individual response;
- Public opinion;
- Teaching materials produced;
- Community gains;
- Country gains;
- Quality of educational process;
- Motivation and attitude change.

These phenomena reflect a concern for the quality of the work in the project and the nature of the experience of the participants.

write, a higher proportion among non-cooperative members. No clear reason for this. 1,000 people learned to read and write. Clear gains in knowledge on contraception. The final exam proved this.

These are different priorities from the conventional evaluation which measures effectiveness by criteria like cost-effectiveness.

Action-research projects are not to be seen as ends in themselves.



An example of drawings prepared for discussion by literacy study circles.

CONCLUSIONS

Evaluation and Follow-Up

With the completion of the final evaluation, IPPF and World Education began planning discussion on Phase Two of the IPREFA project. A meeting was held in New York to which were invited the relevant IPPF and World Education staff, the director of IPREFA, the director of Honduras FPA, the director of the Division of Functional Education of the Ministry of Public Education of Honduras and the director of the Division of Mother and Child Health of the Honduras Ministry of Public Health and Social Security who, it was hoped, might wish to join the second project.

The meeting discussed in detail the work of the IPREFA project and the findings of the final evaluation. It was agreed that it had been successful. Expansion to other areas of Honduras was recommended provided the co-ordination between education and services was improved and a more refined evaluation technique developed. Subject to government approval, the Division of Mother and Child Health agreed to work on a second project. Funds left over were to be used for the reproduction of the educational material from the IPREFA project and for the organization of a training seminar for staff of the Adult Education Division of the Honduras Ministry of Public Education.

Summary

The IPREFA project was a success. It achieved the following:

- Community involvement and participation.
- Volunteer tutors who after training were able to administer a local survey and sustain group teaching in functional education in their own village for up to two years.
- A working model for a functional literacy program with a planned parenthood component acceptable to a government department.
- The preparation of educational materials closely allied to the need of the communities.

- Increased awareness of planned parenthood concepts and contraceptive methods.
- Thirty per cent of students reading and writing.
- Co-operation with a government department.
- Co-operation between World Education and IPPF.
- Sustained attendance and planned expansion.

There were some miscalculations in planning, implementation and evaluation: Most were corrected as they were discovered in the course of the project.

- A liaison person was needed, both to lay the foundations of the project in the community and to sustain it, making sure the project stuck to the deadlines and achieved its original objectives. Early on the Evaluator post had to be changed to one of Coordinator. Since this was a full-time job, the evaluation responsibilities were assumed by World Education and IPPF.
- The need for this person to live and work on the project with consequent removal and housing and hardship expenses;
- The need for local-level meetings and exchange of information both to make sure that all agencies operating in the area know of each others' existence and to ensure that the community received the maximum information – Agricultural development, schools, health workers, clinics and the project all benefit from a two-way flow of information;
- The need for positive recruitment to attract women as volunteers and as students;
- The need for a well-organized system of data collection (agreed to by all) to facilitate evaluation of quantifiable aspects of the project;
- The need to develop research methods to explore and evaluate the qualitative aspects of the project, e.g. 'good teaching', 'integration', 'attitude change', 'learning achieved';

- No organized link between the national FPA CBD program in the area and the project itself. This was not discovered in the half- way evaluation.

- Transport problems with unavoidably expensive solutions.

LESSONS

The principal lessons learned can be grouped under the following headings:

- Multi-agency projects;

- Integration of family planning education into other areas of functional education, particularly literacy and numeracy;

- Planning and effecting research and evaluation;

- Mobilizing the community.

Multi-agency projects

When wishing to initiate joint projects, a national FPA may find it difficult to make contact with relevant officials in government departments. The politics of family planning may be one area of difficulty, the Association status as a voluntary agency another. Unfamiliarity with specialties like agriculture, adult education, etc., may deter others. Bridging the gaps can be exciting. In this project, the field staff of World Education and IPPF made the first approaches and acted as intermediaries to begin with. Since the funding came directly from IPPF and World Education, it was relatively easy to develop a joint project. The money went to the project through the Honduras FPA. The contribution from the government side was therefore in kind: staff and legitimacy, rather than in cash. Had there been joint funding to be negotiated between different government departments and the sponsors, matters of procedure and administration would have taken up a lot of time.

In the early consultation stages, differences of opinion, interpretation and opinion and objectives are inevitable. Setting up a high-level committee to plan, co-ordinate and oversee the project is essential. So is a parallel

committee of paid staff making day-to-day decisions and reporting back to the management committee.

There are always insoluble problems. In this project, some of the staff delegated from the Ministry of Public Education regarded the job as a drop in status. Previously they had worked as administrators in the capital. They were not familiar with nor in sympathy with the objectives of the project or with the participative approach. One left and had to be replaced.

Multi-agency projects therefore require detailed forward planning, a formal agreement on delineation of responsibility for implementation, regular co-ordination and decision-making meetings at very senior level and regular co-ordinated staff meetings which report back to management committee. All staff will need training to understand each others' objectives and methods of working and to undertake the tasks required by the project.

Ministries as well as donor agencies have to justify their work so recording and evaluation techniques have to be very accurate.

Functional education

Functional education uses a syllabus that is tailor-made for a group or community need. In the IPREFA project adult literacy and numeracy, health education, agriculture and economics formed the syllabus. The whole package had a planned parenthood 'message'. Arguably the most enjoyable part of the education program for the participants was the 'Planifamilia' game; a game of chance where local photographs and themes were used to reinforce the lessons of planned parenthood. Basically, though, the peasants had said they wanted to read and write.

To become literate, an adult needs to remember, write and sound out letters: build them into words, recognize whole words and be able to write them from memory. They should be able to decipher words and sentences. Much repetition and drilling are necessary in the reading and writing part of the learning process. Functional literacy begins with words and themes that motivate and interest the learner in the community.

While literacy is therefore a skill, deciding to use contraceptives or to space a family is part of a process of attitude change. Promoting attitude change

about family planning involves discussion and the passing on of information on contraception. Integrating the two processes was achieved by the use of a manual for the literacy work and group discussion promoting attitude change. Both were constructed around the daily life and concerns of the community. Both were taught by delegated community members acting as volunteer tutors. This seems to have been a major factor in the minds of the participants. They were proud and impressed.

The final evaluation verified the increased reading, writing and functional education gains of the participants. It did not comment on the effectiveness of the tutors and their methods. It only asked if the participants felt their tutors were successful. Success rates and dropout rates were also measured.

Because they were well trained and supported, because they understood and identified with the life of their community, and because they had teaching resources tailored to the needs of the students, the volunteers became successful group tutors and their students learned. Had any one element been missing, this would not have happened and the planned process of attitude change could not have taken place.

Planning and effecting research and evaluation

In this project, it proved impossible to co-ordinate the posts of Evaluator and Project Director. The task was too much for one person. The evaluation task was taken on by the funding agencies. Their regular evaluative visits provided an opportunity for a check on progress and a chance for the project staff to refer to the overall objectives and stand away from their day-to-day preoccupations. Nevertheless the project was fortunate to have a director trained in evaluative techniques who could apply this to day-to-day decisions.

The baseline survey identified the learning and development needs of the community and thus identified a syllabus for the course. The findings were related to the key words identified in a separate survey using the Paulo Freire approach. This information was integrated with knowledge of the development needs of the area, particularly in agriculture and economics.

A mid-project evaluation relied on interviews of participants, co-operative leaders and project staff to assess the effectiveness of the project. It produced

a useful description of progress. The evaluation at mid-term did not measure the impact of the program in the community or identify organizational problems.

The final evaluation was carried out by the donor agencies in full co-operation with the Project Director. The results of an examination proved that the students had learned. Insufficient record-keeping by project and clinic staff made it difficult to establish the full correlation between attendance at the functional education groups and take-up of contraceptive facilities. Continued community participation and increased demand for classes demonstrated the popularity of the functional education approach and the effectiveness of community-based volunteer tutors.

Community networks

The project was based in active agricultural co-operatives. It could not have started without their backing. The attendance at classes, the appearance of volunteers, their freedom to give time to teaching and their ability to take time off work in lieu of teaching would have been impossible without community and co-operative support. The fact that co-operation continued shows the appropriateness of the design and execution of the project. The Project Director was a vital link man.

Co-operatives have built-in participative management. So do many other communities. It is clear that they can play a constructive part in project organization especially when professionals and local people work together on equal terms and share their skills.

The selection of volunteers, their training and support are very expensive. In the long run it might have been cheaper, though not necessarily more effective to have employed peripatetic adult educators or community workers. There is another side to this argument however. Many countries do not have adult tutors. All over the world it has been found that despite training, school teachers find it difficult to wean themselves from 'chalk and talk' teaching methods. They seem unable to adapt to group discussion and to teaching on equal terms. A volunteer tutor on the other hand, meets his or her students every day of the week going about their daily lives. They are already identified with the community. Also, when the project finishes, the the expertise of paid staff moves away from the community which conse-

quently suffers a loss. In a community-based project using volunteers, the people and their knowledge and skills remain. The 'returns"for high expenditure on training are therefore considerable:

- A committed, actively involved community likely to explore other paths to development;
- Skilled tutors and people with a positive and enjoyable experience of education;
- Increased confidence developed through working on equal terms with professionals from the capital city and through being able to understand their thinking.

Organizational benefits for the project were:

- No problems in recruiting participants;
- Effective and relevant teaching;
- Effective and relevant materials production.

For the paid staff, working in the community meant living in it and working with people. This needed a tolerant and flexible approach. Elitism, a sense of superiority to the less well-educated and the inability to render technical concepts in simple terms would have been inappropriate and damaging.

Conclusion

Can an adult education program help people make decisions about planned parenthood and about the way they organize and live their lives? Both the pilot project and "IPREFA One" had gone someway towards demonstrating that this can in fact happen. "IPREFA One" demonstrated successfully that an adult basic education program can incorporate concepts of planned parenthood. The students in the literacy circles were adults living and working in agriculture cooperatives. They accepted the planned parenthood theme as part of the numeracy and literacy teaching and at the end of the project showed that they understood the links between their economic and social situation and the idea of responsible parenthood. There was an increase in use of

planned parenthood facilities in the area of the "IPREFA One" project, but no statistically significant evidence of how much of the increase was due to the classes. Inter-agency cooperation had been successful and had contributed to the level of achievement of the project.

LA COSECHA

La cosecha es el producto del trabajo.
Es el fruto de la tierra cuando se cultiva
Los abonos ayudan a tener buenas cosechas
Buenas cosechas representan ganancias
al agricultor.

La caña se cosecha cada año.
El maíz se cosecha dos veces al año.
La época de la cosecha es alegre.
La cosecha representa vida y esperanza.
El que siembra cosecha.
Sembremos con fe y amor.
Cosechemos con orgullo y alegria.

IPREFA TWO

Introduction

"IPREFA Two" was an adult education programme for rural development combining elements of literacy teaching, health education and family planning in Honduras. It served the rural areas of Yoro and Cortes and its headquarters were at the small town of Choloma near the provincial capital, San Pedro Sula. IPPF provided the major funding for the project. Contributions of staff and money were made by the Ministry of Public Health and Social Security and the Ministry of Public Education (Division of Literacy and Adult Education). World Education technical assistance was funded by the Tinker Foundation. The Honduras FPA, as executing agency, administered the funding and participated through its own community based distribution programme and regular Information and Education staff. It was hoped that if the model were successful it could be replicated in other areas of Honduras.

"IPREFA Two" set out to test an expanded integrated model. The purpose of the integration was to promote rural development. In this it had a different task from "IPREFA One" where integration was a matter of sharing skills and combining family planning education with literacy classes. This second project aimed at efficiency. Through concentration of resources and sharing of skills it was hoped to contribute to effective rural development at village level.

Three agencies in Honduras had planned rural development strategies:

Honduras FPA was expanding the community based distributor scheme in rural areas. The distributors would sell contraceptives in areas where there were few clinics.

The Ministry of Public Education had planned expansion of literacy and basic education in rural areas.

The Ministry of Public Health and Social Security had planned:

- to train traditional midwives in pre- and post-natal care and hygiene.
- to expand the village medical dispenser scheme.
- to mount a campaign on environmental hygiene.

Working independently, the three agencies might have chosen different areas of the country to develop and expand their programmes. As a result, one area would have improved health care without the planned parenthood component, another area might have an adult education programme alone. Villages would certainly benefit from the schemes but they would only touch a part of their lives. The relevance of the health, family planning or education programmes to their needs would be limited accordingly. By concentrating the efforts and resources of all three agencies in the same place in the IPREFA scheme, it as assumed that a major contribution would be made to the quality of life there.

It is possible to imagine the three programmes operating parallel but independently in the same village. The diverse approaches, the competing appeals for the attention of the community and the fragmentation of activity would detract from the benefits they would bring. By integrating the three activities, the quality of the services could be improved as well as their effectiveness. Nevertheless, the concept of rural development assumed in this project was not simply the input of resources and services into a village or a geographic area. Village members would make their positive contribution; by volunteering to work with health, literacy and family planning workers; by attending literacy classes; by taking up contraceptive services; by working together on village sanitation. The community would mobilize itself as a group and individuals would make changes in their personal lives.

The benefits of integration were expected to be evident at administrative and village level. At administrative level, the health, family planning and adult education workers could combine their skills. Jointly they were to be responsible for making contact with the villages and for the design and teaching of a variety of education and volunteer training courses. As a result they would learn from each other; develop new skills and contribute an enriched service to the village. At village level the health, hygiene and family planning information would come from four separate sources. The

work of the agencies would be strengthened in the field because the village-level workers would work together, at the same time as they were providing separate services. Through the literacy class, the community-based distributor and the health worker, more people would be reached, more often at a variety of different moments in their lives. The messages would reinforce each other. The people would gain a deeper perception of ways to improve their personal and collective lives and an understanding of the interdependency of health, hygiene and planned parenthood in particular.

Objectives

- Help improve living conditions for the rural people through an integrated program of basic education, health and family planning.
- Make the population aware of the importance of education for family life and enable them to make decisions on the improvement of their health and the spacing of their family.
- Improve levels of education through literacy circles teaching improved practices of environmental hygiene, preventive medicine and the growing and continuing use of family planning services.
- Develop an integrated Model Programme among various institutions in Honduras that will demonstrate the feasibility and success of this form of activity and how it might be applied to similar programs at national level.

Division of Responsibilities among participating agencies:

Ministry of Public Education (Division of Literacy and Adult Education)

- Training of staff and instructors, orientation to project objectives and methods of inter-agency cooperation.
- Delivery of first and second level teaching materials and using it for teaching in the literacy circles.
- Preparation of second-level educational materials.
- Referring students to the health and family planning elements of the

programme in their area.

Ministry of Public Health and Social Security

- Training and orientation of doctors, auxiliary nurses, 'representantes de salud'*, local midwives, and 'guardianes de salud'*.
- Delivery of health services via all ministry and other relevant agencies and cooperatives in the area.
- Advertising of health, education and family planning programs: referrals of patients to the education and family planning programs.

Honduras Family Planning Association

- Administrative control of the funding of the program.
- Training staff on family planning matters and training their own field staff in ways of collaborating with the project.
- Delegation of staff, especially Information and Education staff to special programmes in certain areas of the project.
- Special provision and advertising of community-based distribution programs in the areas.
- Follow-up of all contraceptive users.

Project Staffing: full-time IPREFA staff members.

Ministry of Public Education:	Educational Materials Specialist (One) Field Educators (two)
Ministry of Public Health and Social Security:	Health guardian (one) based at the headquarters in Choloma. Health guardians (two) in the field and travelling widely.

*Representante de salud and guardián de salud are health workers.

Honduras FPA:	**Family Planning Promotors (two)** **Family Planning Educator (one)**
Direct appointment:	**Director of IPREFA** **Project Secretary**

Project Staffing: **Other experts working directly with the IPREFA team as part of their wider responsibilities.**

Ministry of Public Health and Social Security:	**Regional Health Representative in his administrative capacity.** **Choloma Health Centre: doctor, nurse and gynecologist.** **Local clinic staff.**
Honduras FPA:	**Community Based Distribution Project. The director of this project in the IPREFA project region and six full-time promoters. These people worked for Honduras FPA together with and parallel to the IPREFA project. They began work as the project was initiated and their work would continue after it finished.**

Project Staffing: **outside help for IPREFA.**

IPPF and World Education:	**regular visits by their staff.** **Consultants visiting to give specific training on materials production (2 visits) and mid-term and final evaluations.**

Project Staffing: **People living and working in the villages. They had other employment besides their role in IPREFA.**

Volunteers.
Untrained village midwife.
Community-based Distributor.
Literacy group tutor.
"Representante de salud".

The untrained village midwife was a woman who, by custom or because of skill, helped mothers during childbirth. She was usually between 40 and 60 years old and was untrained and probably illiterate before the project began. The Honduras Ministry of Public Health and Social Security was initiating a massive countrywide programme to identify and train these women in an effort to improve health care at village level.

The Community-Based Distributor was a younger married woman who supplemented her income by receiving contraceptives from Honduras FPA and recruiting contraceptive users. She was supervised by a trained person who gave her advice and training; kept her supplied with contraceptives and paid her a small fee. This CBD scheme is used in Latin America in areas where there are few health centres. It provides a contraceptive information and distribution service at village level with health care available through the CBD supervisors. The distributor is a saleswoman since her small wage is related to the number of users she recruits. She is also a source of information because of her special training and her link with other services through her supervisor.

The literacy tutor was a member of the village community and chosen by them to teach those who wished to learn to read and write. They usually had more than four years' schooling. He or she undertook a two year commitment to be available for training and follow-up training and to teach five nights of the week. This was a heavy responsibility, especially as it was taken on in addition to regular work. The tutors were paid the equivalent of $7 per month which was a sum equal to half their usual earnings. They can be considered volunteers, however, since their performance and commitment had to meet the peasants' keen desire to learn.

The "representante de salud" was also a village member. He was paid a small sum by the Ministry of Health for keeping a medicine chest, treating minor health needs and giving advice on health and hygiene. He was supervised by the peripatetic "guardian de salud" or health guardian who kept him supplied with medicines and provided some training. A small salary was involved but the health representative did this work in addition to a full-time job. The health guardian was a full-time employee of the government health service supervising a network of village health representatives.

The Evaluation Design

World Education in consultation with IPPF and the project Director planned the evaluation and formulated its objectives. The guiding principles were simplicity and the use of information collected routinely by the personnel connected with the project. The evaluation was to be continuous and to encourage full participation of project staff and participants. A baseline survey was to feed information directly to the staff of the project. The mid-term evaluation after one year of operation of the project was to inform staff of progress and to enable them to identify weak points and reformulate either the objectives or the work plan if this was clearly necessary. These two sets of data would also form the point of reference for the before and after studies made in the final evaluation.

The primary objective of the evaluation scheme was to evaluate the effectiveness of the integrated model. It was designed to ascertain:

- effectiveness of the coordination system.
- performance of the coordinating committee.
- institutional participation.
- the integration of the project in the community and with other institutions.

The impact of family planning programmes were also to be determined:

- The impact of family planning programmes.
    - increase in number of acceptors.
    - increase in continuation of use rates.
- The improvement of education levels in the community.
- Possible impact on health indicators.

Instruments

Since a specific objective of the IPREFA project was to test a model for

replication in other areas of Honduras, problems of cooperation were a focus of the investigation. Data on problems, when they arose, how they were resolved and who took on responsibility for solving them would naturally be recorded in the minutes of the three coordinating committees to be set up in the project. (These were planned at Ministry, Project and Village level.) The problems would be tabulated on a matrix which set types of problems against the times at which they occurred. The director was to keep a diary of the work and progress of the project which could be compared in turn with the record of problems encountered along the way in Committee.

For the Family Planning part of the programme, data was to be obtained as follows:

- comparison of the number of acceptors before and after the project in its area of influence.
- comparison of the number of acceptors in the project area and in the control areas.
- comparison of continuation of use rates before and after the project in its zone of influence.
- study of the evolution in the number of acceptors and in the continuation of use in the control areas so as to avoid distortions in what is observed about the impact of the project.
- data on which section of the IPREFA "package", (if any), motivated an acceptor to go to the Community Based Distributor or clinic asking for contraceptives.

A numerical study of some detail could be done because all the relevant parts of the project were administered by IPREFA. Forms and data collection could be designed and put into operation without negotiation with other agencies. A CBD programme had already been operating in part of the project area, maintaining full records. These would provide data on acceptance and continuation of use of contraceptives to be compared with those for the duration of the project.

For the educational part of the project, a specially designed baseline survey

was to establish levels of knowledge in the community on hygiene, family planning and literacy. There was a separate survey on levels of environmental hygiene in the villages*. Both sets of information were fed back to the literacy course writer. They would also provide the baseline for the final evaluation. A traditional test at the end of the project would establish how much had been learned by the literacy students.

For the health part of the programme, indicators were left unspecified at the planning stage. Records of infant deaths and abortions were kept by the government health centres and it was suggested that these might be an indicator of the project impact on the area.

To facilitate data collection, special reporting systems and forms were designed. Their usage had to be taught to all participants in the training sessions. Special thought was given to the structure of the report forms of the committee meetings and to the highly simplified letter of referral of an individual to the CBD or clinic. A major consideration was that the village level committee and the people filling in the referral letter might have a low level of literacy or writing competence.

The Committees

At the planning stage, great stress was placed on the need for a committee structure. Three were established:

A coordinating committee composed of the administrators of the three responsible organizations: Ministry of Public Health and Social Security, Ministry of Public Education, Honduras FPA. The project director was a member of this committee and reported to it. The committee was to resolve all administrative matters that were problematical, could not be solved by the project director or stemmed from administrative problems outside the scope of the project. It was to meet once a month and was essentially a forum for solving inter-agency difficulties and supporting the project director.

An operative coordinating committee composed of most of the staff working full-time on the IPREFA project. This was intended to meet weekly to oversee the day-to-day work of the project and to ensure coordination and ad-

*See Appendix 7.

herence to the project work schedule. Problems that could not be solved by project staff because they were outside their sphere of responsibility were to be referred to the coordinating committee by the project director. The project director was chairman of the operative coordinating committee.

Village-level committees. These were to be formed in the villages by the volunteers who had been contacted and trained for the IPREFA project. The committee was intended to coordinate any community activities in the field of health and education. Reports from the committees would enable IPREFA staff to keep in touch with and respond to developments at grass roots level. It was assumed that community leaders, health guardians, volunteer literacy tutor, midwife and community-based distributor would form the nucleus of the committee.

The committees were to fulfill two functions. Firstly in solving problems that arose, they would contribute to the smooth running of the project. The complexity of the organization of the project and fact that the participating agencies had not all worked together before meant that a channel for communication from the project to the administrators had to be effective. The administrators had to meet together to make decisions. It was recognized that the directors' job was to run the IPREFA project. He should not have to solve problems relating to coordination. These would be taken on by the coordinating committee. Secondly, the committees would keep notes or minutes of their meetings. A special form was devised for this purpose. At the mid-term and final evaluations, these documents would provide a case history of the way an integrated, inter-agency project had functioned and a record of the solutions to problems encountered on the project.

PROJECT IMPLEMENTATION

This monograph will now describe what happened during the course of the second IPREFA project up to and including the results of the mid-term evaluation. This description will be followed by a concluding section raising serious issues regarding projects of this kind. Of particular importance is the tension between priorities of an integrated project organized jointly by several agencies and the effectiveness of the diverse personnel working at grass roots level. No answers will be given to the question, "which is more important, the success of the administrative system or the success the project has in the villages themselves?". But the question is raised. Other points will be drawn out for the consideration of the field worker or project planner

who might wish to develop similar initiatives. In particular the question of follow-up and support for community action in the villages is raised. The role and function of the teaching materials is also analyzed.

Setting the Project in Motion

In IPREFA One, specific villages were already organized into cooperatives and were demanding adult literacy classes. In IPREFA Two, the team had to work with a population of 147,000 inhabitants with an average village size of 420 people many of whom lived in remote areas away from the roads. They therefore had a large, unorganized area in which to stimulate a demand for education and family planning services. The team started with villages where there was a contact person: an interested mayor, a community-based distributor, or a "guardian de salud" known to the health authorities. A relationship was built up by talking to these individuals. This was extended by running one day or longer education and explanation courses covering the topics of health, planned parenthood, community participation and the objectives of IPREFA. They were held on weekends and attended by most of the community. At the end of the session, the team would ask for a volunteer literacy tutor and for the villages' cooperation in finding a place where a class could take place. There is no evidence that there was a single village that rejected the idea of health education and literacy classes or that could not find or agree on a volunteer tutor. The stated project task was to establish a functional literacy and health education study group in a series of villages using volunteer tutors trained by IPREFA. The unstated project task was to find enthusiastic villages, motivated individuals, and to initiate a process of community mobilization.

Education and Training

At the same time as the communities were being visited by the IPREFA team, the IPREFA materials expert, in consultation with the family planning education expert of the Honduras FPA, was preparing the first units of first and second level literacy teaching materials and an accompanying teachers' manual. A baseline survey was conducted to establish the level of knowledge of the people, key words and themes. Some literacy tutor volunteers were asked to help administer the surveys. Unfortunately they had insufficient training and the surveys were not all properly completed. Project staff took on this task instead. There was not time, nor was it an objective of this project, to involve tutors in the preparation of teaching materials. Full-time IPREFA

staff had been expected to feed their accumulating knowledge of the community back to the staff preparing teaching materials. For lack of time this was not done as much as they would have liked. For the first year the materials specialist was also working against deadlines, and in comparative isolation from the rest of the team and from the potential students.

Despite these problems, the materials specialist was able to use his sources, to develop an accurate understanding of the literacy levels, health and hygiene concepts and level of knowledge on planned parenthood in the area. He used the community and individual questionnaires. Two outside consultants came to give advice and help on materials design and production.

While the first villages were being visited and the first educational materials were being prepared, the same IPREFA staff were also planning the training sessions. Training had to improve participants' skills and orient them to the overall project goals. In this project, the village midwives, guardianes de salud and representantes de salud were already working independently of each other. The volunteer literacy tutor was a new element in the village and would work with the literacy classes only. There may or may not have been a trained community-based distributor in the village working independently of all the others.

The organizations working together administering the project were working out an integrated organizational model. It was clearly desirable that the people at village level should work together as a team. How could training begin to promote this? The project team tried but there were several difficulties. It was hard to get all the people from the same village together at the same training courses as courses were often arranged for groups of health staff or CBD's by their supervisors. Timing, numbers and accommodation were difficult to balance. The participants needed a lot of basic information connected with their job; health and hygiene education, information on planned parenthood, on spread of disease and treatment of minor illnesses. The literacy tutors had to be taught methods of working with adult learners. Because of the need for this basic information and the time trainees would need to absorb it, it was difficult to build other elements into the course without confusing the issue. As a result, less training on concepts of community mobilization and achievements of the IPREFA objectives could be done than was desirable. Nevertheless, at each training session the IPREFA staff included explanations of the project aims, of the work of the

other participants and some discussion of community responsibilities. They were aware, of course, that simply by meeting each other in joint sessions and over coffee, the different groups would come to know and understand each others' functions and to discuss the project as a whole.

The third difficulty for the project staff was that only the project director had knowledge and experience of training for community mobilization, yet they all had a responsibility for this. All had to take one final factor into account in planning the training courses: The participants would be from 13 to 65 years of age; their background would range from first grade education completed many years ago to recent middle school education. This would materially affect the way in which any information could be given or any discussions could be conducted.

The final training formula was as follows (with variations depending on the balance of attendance): It was a one week residential course. Participants' expenses were paid. The project director chaired the whole seminar. He explained overall objectives and administration to the entire group in an opening session. This was followed by several morning motivation sessions using group games and much discussion. The rest of the morning and afternoon sessions of each day were specialist sessions for the needs of teachers, midwives, etc., taught by the promoters who worked for IPREFA and who would supervise them when they returned to the village. Some evening sessions were included for films on topics of use to everyone. The IPREFA staff prepared many special materials for use in the training seminars. Care was taken to familiarize each group with the work undertaken by the other groups.

Committee Work

All these preparatory activities took three months. During this time the coordinating committee met twice. In the first meeting, three problems were identified as crucial to the smooth running of the project: The need to develop forms for collecting information for the evaluation; the lack of a vehicle; the project staff's need for training to help them undertake tasks outside their existing skills and experience. The director also mentioned some lack of communication between the community-based distributors and the clinics; with the Health region; and among the IPREFA team members on the preparation of the literacy teaching materials. Those that the committee could solve either by asking for more funding or within their own

sphere of responsibility were solved. The operative coordinating committee of IPREFA staff met three times. The minutes record continuing discussion of ways of integrating the activities of the Community Based Distributor scheme with the time-scale of the project. This was achieved half-way through the first year of the project. At this stage no village level committees existed.

Expansion

Once the three-month preparatory period was over, the IPREFA team concentrated on the training seminars. When the first block of training had been completed, the staff were left with a complicated work schedule comprising five distinct tasks:

- support of existing volunteer tutors and follow-up meetings;
- continued production of teaching materials;
- visiting new villages to incorporate them in the scheme;
- running new training seminars for newcomers to the project from the newly identified villages;
- monitoring the work of the project, in particular, the functioning of the evaluation system; responding to requests for help on the initiative of individual communities; overseeing the village level committee.

Once trained, the village level workers (volunteers) could return to their villages and begin to put into practice all they had learned. The tutors began teaching literacy classes five nights a week using the materials delivered to them by the adult education promoters. Once a month the tutors attended follow-up sessions in Choloma where they heard the problems and successes of other tutors and received further advice on teaching techniques. They could ask for help on problems like lack of light or money to buy lights. The health representatives carried on their work of giving out medicine as before. They were now better trained and were expected to take an active role in promoting environmental hygiene. In particular, they were encouraging people to clear rubbish from living areas and near water sources and to boil water before drinking it. It was hoped the community would mobilize to dig latrines.

The midwife continued her work with the benefit of training; she was more aware of the possibilities of family planning and in touch with the community-based distributor. The CBD carried on encouraging women to make use of contraceptives. She had also had more in-depth training and was aware of the work of the others in the village. All the health workers received follow-up training at some stage in the project and visits and supervision by the IPREFA staff who were the specialists in their field of work.

At the training seminars, the volunteers had been told the objectives of the IPREFA scheme. They had also participated in exercises designed to show the effectiveness of cooperation and group development. They were asked to form themselves into a village-level committee and shown how to fill out the simple form that would report details of any meetings back to IPREFA. Whether this was done depended on factors of personality, time and commitment. Working independently and parallel to each other, the volunteers in the village were improving the level of health services, awareness and education in the village. Promoting further activity in the village was another task entirely. This aspect of the work of the project received increased attention after the mid-term evaluation.

MID-TERM EVALUATION

At the end of the first year of operation there was a mid-term evaluation. This was conducted by an outside consultant agreed upon by IPPF and World Education. While the data collection system designed by World Education had been wholly objective and designed to provide information rather than measure performance, the project director felt that the project staff would benefit from working with the external evaluator.

There were several reasons for this. Nine people and the director, as well as a number of Honduras FPA staff, had travelled long distances together, visited many villages and planned, spoken at or taught at meetings together. They had gone beyond the phase of feeling uncomfortable teaching or performing in each others' presence. They had worked together with individuals in a variety of villages and had probably taught each other some of their professional knowledge and skills. No doubt these staff had argued together a lot as well! Disagreement may have been over the aims and objectives of the training seminars, over how to present a particular subject to a group of people or over mundane matters like who had to travel to the remoter villages. It is likely they even disagreed with the formulated aims and objectives of the project at times. This group of individuals of a variety of levels

of education and professional experience had, in the course of a year, become a team working towards a common objective. They had also gone through a process of self-learning on village life in the region and on community mobilization. Apart from these things, the team had worked under pressure and met a variety of deadlines, they had met many new people, been to many new villages and had many new experiences. For them, the mid-term evaluation was not simply a check on the effectiveness of the design of the project and a report on progress at the end of twelve months. It was a necessary, and even therapeutic, time to stand back. By distancing themselves from day-to-day concerns, the staff would be able to realize how much they themselves had learned from the project, rethink some of their assumptions and readjust their expectations. Since the project was a collaborative exercise, the director thought the evaluation process should be so too. The staff had a right to judge themselves as well as be judged by the results of their performance.

The process took a week. During the previous week the external evaluator had spent time familiarizing himself with the work of the project at every level. He had tried to get to know the staff and make contact with professionals external to the IPREFA team but closely connected with the work. The group he coordinated for the mid-term evaluation therefore consisted of: the project staff, the Information and Education Director of Honduras FPA and the director of the local health clinic as well as the supervisor of the Honduras CBD programme. These people were invited not only because they had helped the project but because their work in the area would continue when the project ended. It was therefore important that they should learn about it at first hand and have a chance to comment.

At the opening meeting, the project director told the team that the evaluation responsibility was theirs. The external evaluator took on the role of facilitator of the evaluation. Participants divided into four teams compiling the data on health, family planning, education and integration. At the end of each day, they met together to report on their findings of that day to the assembled group. Once all the data had been interpreted, the groups wrote up their findings. When this was done, everyone began a discussion which was to end in the statement of goals, formulation of objectives and agreement on priorities for the second phase of the project. Not only was this an exercise in self-evaluation but an exercise in self-determination for the project staff.

Results of the mid-term evaluation:

Numerical targets were as follows: (over two years)

Teaching: 5,800 adults to be literate at first and second level.
Training: 150 volunteer literacy instructors
Training: 5 promoters
Training: 120 village midwives
Training: 120 health representatives
Training: 50 Community-based distributors
Referring potential acceptors to the family planning programmes to a target of 8,000 new acceptors out of a population of 35,000 women of fertile age.

The project began six months late. Mobility was limited to begin with because there was no vehicle. The staff in the field thought the numerical targets were set unrealistically high. For these three reasons it was decided at the beginning of the project to halve the geographical area of the project and to revise the numerical targets accordingly.

The mid-term evaluation at the end of eleven months showed:

- 36 literacy circles were functioning with an average attendance of 11 participants. Each circle started with double that figure. An additional 16 literacy circles had been started but had ceased to function by the end of the first year.

- With the exception of a few literacy circles started by village leaders, most began as a result of visits by the IPREFA team. Students met five evenings per week and had met regularly for nine months with the exception of the rainy and harvest seasons. Neither students nor volunteer tutors had any complaints about the learning materials.

- Compared with women in the control area, women contacted through the project continued using contraceptives for a longer period. More had become acceptors.

- Over one year, 4,749 individuals had received education, training or retraining from IPREFA staff as follows:

Seminars for village level workers	185
In-service or refresher courses	34
Professional training	7
Orientation courses	1490
Integrated courses	2571
Specialist meetings	462

The numbers involved are far higher than those set out in the targets because the village health education sessions are included. The knowledge transmitted in these sessions reached a far greater number of people than the literacy circles. It was as a result of these meetings that villages decided whether or not fo form literacy study groups and nominate a volunteer.

- The numbers of women reached by the family planning services were on target.

- It was too early in the project to have any statistics on health indicators.

- The educational success of the project was tested by simple questionnaires administered in random villages. These demonstrated increased understanding of concepts of health, hygiene and planned parenthood when compared with the baseline survey results.

- The major investigation was into the functioning of the integrated model. It focused on problems arising and steps taken to solve them. The source of the information was the committee minutes and reports.

Coordinating committee

This met three times before the evaluation; once every three months instead of once every month as planned.

To these meetings the project director brought a report on progress and any problem that could not be solved by project staff. The problems noted were: changes needed in the evaluation and feedback system; need for a change of attitudes on the part of the health personnel (administrative); Honduras FPA and clinics of the health service not recording which contraceptive users came from which part of the project area; lack of data in the public archives on family planning and numbers of contraceptive users; community-based distri-

butors not noting in their records which people were active, inactive or new contraceptive users and reassigning old reference numbers to new patients; lack of transport; need for initial training for the project staff; problems of cooperation in that some of the health personnel in one region failed to appear for a training course and there were difficulties in synchronizing the work of the CBD program with the IPREFA program; project staff and tutors not participating in the development of the literacy teaching materials; not enough basic literacy teaching materials and not enough exercises for beginning students; baseline survey badly done because the volunteers didn't receive enough training on how to apply it; insufficient coverage of the project area.

All the problems that fell within the sphere of influence of the responsible agencies were solved by them and by the committee with the exception of the provision for further training of staff. Problems concerning the evaluation and running of the project were solved. The problem of insufficient education materials had not been solved by the committee nor had they been able to do anything about it.

In all, the coordinating committee took action on about half the problems brought to its attention. Individual administrators resolved all problems related to their own departments.

The operative coordinating committee also met three times at intervals of three months instead of once a month as planned. The staff justified this by pointing out that they met almost every day in the IPREFA office and solved problems face to face as they arose. At each of the three meetings the problem under discussion was the CBD project operating in the area and how to synchronize activities.

Six of the 36 functioning units established a committee at village level; one committee had four meetings; two had three; one had two and two had one meeting. Two community problems were solved by action of these committees. The other twelve problems identified had not been acted upon at the time of the evaluation. Most had discussed health and the need to dig wells and build latrines.

From this description of the work of the three levels of committees and the extent of their functioning, it can be seen that, though essential at the beginning of the project, the committee structure was not seen as a priority either by the administrators or the project staff. Village level committees

did not form spontaneously either.

There are, however, other indicators of the smooth running of the project:

- the paid staff had welded themselves into a team.
- the project had kept to the work plan and not fallen behind.
- the project was functioning at all levels.
- teaching and training materials had been designed and were being used.
- public information meetings and volunteer training sessions had been conducted jointly.
- there was increased contraceptive use for a longer period of time.

As a result of working on the mid-term evaluation, the IPREFA team decided to give more support to the village level workers and to their committees. This had emerged as a gap in the work plan. It was necessary if the environmental hygiene programme were to be effective. Another decision was to produce more functional educational materials to support the work of the health and family planning workers. Specific organizational issues relevant to certain geographic or administrative areas were resolved. The team could also set themselves exact targets for new villages to be incorporated into the scheme, based on their experience in the first year of operation.

It was noted that volunteers in the villages were not using the reference letter which was intended to pinpoint sources of information used by family planning acceptors. Nevertheless it was felt that staff should continue to request its use.

Some of the evaluation systems designed by World Education staff were not used by the project staff and external evaluator when they made the mid-term evaluation a participative exercise. Some were restructured in the light of experience on the job or as a result of suggestions made at the time. Instruments used were:

- Minutes of the coordinating committee and the operative coordinating committee.

- The baseline survey data (anthropological and sociological).
- The work plan and monthly reports of the three teams within the IPREFA team (health, education and planned parenthood).
- Trip reports of IPPF and World Education consultants.
- Reports of meetings, training and education sessions.
- Monthly reports of the community-based distributors.
- Results of the survey of students in the study circles, short tests on grasp of reading skills and on concepts of health and planned parenthood.
- Interview schedules to collect data from: education, health and community authorities; members of the village level committees; and from other members of the community.

IPREFA TWO: ACTIVITIES

This project is remarkable for the variety of tasks undertaken by the full-time staff and for the diversity of its educational activities. It could be argued that aside from the services provided for villages, IPREFA's major contribution to rural development was through education and training work.

Individual Work:

All staff had their own responsibilities within their own special field. As the project evolved, the variety of work they undertook increased. For all except the adult education workers, the inclusion of a strong educational element in their work was something new. All were accustomed to working with key members of the community but they had little knowledge or experience of the distinct professional concerns of their colleagues. The con-

cepts of community development and the rationale of integrated projects may have been topics that had not interested or concerned them previously.

The family planning promoters trained distributors and recruited new ones. They were responsible for the supervision of CBD's in the villages; stock control of contraceptives and distribution; making sure CBD's came to IPREFA training sessions; preparing training materials including charts and pamphlets; cooperation on the design of the evaluation forms; contributing to the design of the literacy teaching units; taking part in educational talks in the villages. They also instituted planning meetings with the staff of the other elements of the programme and participated in a staff seminar on the preparation of adult teaching and learning materials. They travelled constantly. The range of activities required of a family planning promoter were from stock control to public speaking to the recruitment of volunteers.

The education team was responsible for: organizing literacy circles in the villages, identifying and training volunteer tutors in adult literacy teaching methods; delivering new teaching units to classes and running monthly follow-up sessions. They also gave help, support and advice to tutors. They helped find solutions to such problems as lack of money to buy a lamp or a class locked out of school by an uncooperative principal. Other responsibilities included participating in the design and teaching of the training sessions and in the design and analysis of the literacy units; recruiting volunteers to all sections of the project; and visiting villages in the company of the health and family planning promoters.

It can be seen that the education staff took on more responsibility for community mobilization, village by village; the family planning staff also worked with everyone but with the aim of reaching as many individuals as possible by giving information and advice. When, by the end of the first six months of the project, it became necessary for people to come to refresher courses, the planning and much of the teaching of these was taken over by the education team. Using motivational games and simulation exercises they motivated not just literacy workers but health workers and distributors to understand the mechanisms of group dynamics and the importance of community mobilization. The other promoters took on the matter of information and skills training.

The content of training materials

As far as possible, training sessions were planned so that midwives could train with health staff of community-based distributors and so that the volunteer literacy tutors would be trained together with one or more of these groups. It was not always possible to train people from the same village at the same training course. Seminars lasted for four or five days with participants' expenses paid. Literacy tutors acting as community-based distributors or health guardians acting as literacy tutors had to attend two training seminars. As a united group and through exposure to many techniques of group discussion, games and exercises, all participants learned about IPREFA, the aims and objectives of the project, the concept of community and community action. All were shown how to fill out forms relevant to their part in the project and where possible, they were shown the educational materials. Specialist group training filled up much of the rest of any one day. Midwives learned about ante-natal and post-natal care, hygiene, nutrition and planned parenthood. The health guardians learned about hygiene, vaccination, spread of diseases, diagnosis and treatment of common illnesses, construction of latrines and planned parenthood. The CBD's learned about the human reproductive process, different methods of contraception, and the administrative and referral systems for the IPREFA project. The volunteer adult literacy tutors learned about group dynamics, the psycho-social teaching approach of Paulo Freire, and how to use the teaching units. Great stress was put on the practical application of these skills. The organizers presented information with specially made charts, specially prepared dialogues and long question and answer sessions. At some time in every day of the course participants came together to do some task, play some game or simply watch a film. It was at this time that they were reminded of the need to work with others in their village and of the need to form a village committee which could take action and refer to the IPREFA project when help or information was needed.

When, later on in the year, it became clear that additional training and information were needed by different groups, in particular the health personnel, the sessions were run for one group alone. At this time also, the courses could be planned according to the demands and needs of the participants and not with the objective of familiarizing them with project objectives and providing the necessary basic information.

In their visits to villages, the IPREFA team discovered a demand for informa-

tion on health, hygiene and family planning. One or one and a half day sessions were taught for the whole village as a kind of public education exercise. At the end of the sessions, participation in the project was sought and nominations for a literacy tutor were taken and voted on. Some of these *charlas educativas* had between four and nine half-hour talks. They were usually short demonstrations, explanation by charts or question and answer sessions. Topics covered were: aims of IPREFA, family planning methods, literacy and the study circles, information on the area health services, malnutrition, and the effect of too many pregnancies on mothers and children. Twelve communities were reached in this way in the first year of the project (1,590 people).

Once the study circles in target villages had been established the team began a series of more specific health education sessions at the central office in Choloma. Invited villagers came to short courses of up to seven hours on the following subjects: how IPREFA worked, environmental hygiene, sex education, venereal disease, family planning and responsible parenthood, contraceptive methodology, preventive medicine, functional education for adults. These themes reflect how the project was now responding to specific requests for information.

Overall, the following groups attended these courses: 1,423 heads of households in 16 meetings; 808 contraceptive users and possible users in 40 meetings; 126 workers in one meeting; 22 members of village level committees in one meeting; 55 literacy students in 3 meetings; 233 adolescents in two meetings at their school.

Once a month from the beginning of the first literacy circles, Saturday meetings were arranged for the volunteer tutors. An average of 22 people attended these meetings which lasted a whole day. In each meeting the participants reported on their teaching, their problems, the problems and activities of their group and on other matters relevant to the functioning of the project (e.g., meetings of the village level committee). The participants were given help and advice on teaching and on the use of the teaching units. Their comments provided feedback for the education materials specialist as well as moral support for others struggling to teach well. All were encouraged to analyze problems they detected in the community and to promote discussion on them. In this way it was hoped some action could be taken by the community as a whole.

This completes the description of the sessions which formed the basis of early

work on the project. It can be seen that the IPREFA staff with their varied professional skills and responsibilities worked together on this major educational and training exercise. It was an exercise that was essential before the project could be said to be fully operative in the village communities.

The literacy teaching materials

The project staff member responsible for learning materials produced four teaching units before the mid-term evaluation. They were called UNEDI (Unidades Educativas Integradas or Integrated Educational Units). They covered (in order) the themes of Nutrition, the Environment, Integration and Harvest. These were related to the themes that concerned the agencies working on the project: health, family planning, and community development. The first section contained approximately twelve lessons, called guides for the instructor. The second section was a collection of pictures, diagrams and student worksheets for literacy and numeracy. The lessons and the illustrations were cross-referenced and the pages numbered. One lesson took up three pages of double-spaced typing and usually used one or two worksheets, pictures or diagrams. The units are quarto size with line drawings and double-spaced text.* They were produced by typing and then duplication on a Gestetner duplicator with different coloured covers and plastic spiral binding. There is no colour in the text. Care was taken to make the vocabulary as simple as possible using few abstract words. Sentences were constructed to sound like the spoken phrases used in normal discussion though without colloquialisms.

Each lesson followed more or less the same format and was in fact a teaching guide for the instructor and a plan of work for the group. Any volunteer tutor who was lacking in confidence could simply read the text to the class. He or she would pause where indicated in the text and draw the attention of the class to pictures or diagrams as the text instructed. To avoid any confusion, instructions to the tutor were enclosed in boxes in the text. The appearance of the printed page was much like that of a correspondence course text. The form the lesson took, however, was one of guided discussion. Since the tutor was learning at the same time as the group, he or became their guide but not their teacher. At the end of one unit and the beginning of a new one, the tutor is told to do certain review exercises and not to proceed until misunderstandings have been corrected. This is a necessary procedure both for the tutor and the group but one which is

*See pages 66, 67, 68.

often forgotten by inexperienced teachers.

A volunteer tutor would therefore proceed following this pattern:

> Pose the problem or the issue.
> Ask for group discussion on a set of questions read from the text.
> Read the prepared summary to the group.
> Discuss other examples or related issues.
> Give some practical task.

In a lesson on the responsibility of fathers and the need for organization the tutor would begin by reading a few phrases to this effect to the class. The following questions were then given for group discussion, the tutor being warned in the text to make sure each participant contributed some comment to the discussion. The questions are planned to raise certain issues and explore certain concepts:

> "Do you think that if all the families in our community were disorganized our community would make progress?
> What is the importance of the family?
> Why have many families fallen apart?
> Apart from being well-organized, what other things are necessary in order to achieve a better integration of all the members of a family?"

The group tutor is directed to read a prepared summary to the group only after all discussion on these questions seems exhausted. The summary having been read, the group might continue discussing another topic raised by the text, examine and discuss a picture or diagram, or do some reading or writing practice.

In this lesson, the group tutor posed some more questions, allowed time for discussion of these and then read another summary which restated the themes of responsibility, understanding, tolerance and faith for the integrated family. The tutor then reads aloud the following:

"Comrades, all of us in the family carry great responsibilities, fathers as well as sons. Fathers in particular, we have a big responsibility for the future of our country and that is to give it children capable of making it a great nation. Apart from the material things that can be given to children, we should teach them how to live well by our own example. We cannot do this unless we behave well ourselves."

This point is then amplified by reading a long "Letter to my Father" by a Guatemalan writer. The group is then asked to discuss issues raised by the letter.

The lesson quoted above is one of the few that require only talking and an extended period of listening. Most of the units have the same format but recognize the difficulty adults have in listening for a long period of time, especially after a day's work. They give plenty of practical exercises which actively engage the learner. The shifting demands on concentration keep the learner awake and alert.

Adult learning proceeds slowly; much is forgotten and has to be revised and restated. Because the adult already knows so much or has a fixed perception of reality, the learning experience may sometimes be one of breaking down of prejudices or a sudden flash of understanding. The themes and topics taught in the IPREFA units are all interlinked. Many of them are repeated and presented in a different manner from unit to unit. This is partly because of the need to repeat key information for the participants but also to enable them to see how all the issues are interrelated. The topics covered (syllabus in more formal educational terms) were as follows:

UNEDI One: Nutrition, malnutrition leading to child deaths, too many children leading to child deaths and mothers' ill-health, why education is important, letter formation drills, getting rid of rubbish and dirt, good nutritional habits, what to eat and what to grow, fathers' responsibility goes beyond feeding the family to planning it, how to grow green vegetables, use of fertilizer, finding a CBD for the village. There were also sections on syllabification games, how to enumerate and how to add.

UNEDI Two: We depend on our environment, our health depends on cleanliness, dirt and flies breed and carry germs, alcoholism, subtraction, water and its importance for agriculture and as a carrier of germs, boiling water to drink, multiplication, need to decide on priorities for solving problems and how to go about a plan of work (mainly digging wells and latrines), importance of organization.

UNEDI Three: Integration and its importance, need for organization. IPREFA and the services it provides, how to organize within the community, division, repetition of the theme of order and disorder in the family and community, responsibility, responsible parenthood, sharing work for the

community, masculine and feminine in written Spanish, the work of the various Ministries and government departments involved in the project and the services they provide.

UNEDI Four: The harvest, who gets money, who loses it, is this because of the land, investment, better soil? the problem of floods and how people could organize to divert them, is agriculture meeting the nutritional needs of the people? the price villagers get for the harvest, organizing to get bank loans, division and weight, the national economy, inflation, planning a family, sprouting seeds, conception and contraception, working in groups and helping one another for the benefit of the village.

At the end of the first year of the project an adult who had attended most of the nightly learning sessions would have learned about the following concepts:

dirt as a source of germs
dirt as a fertilizer for food
water as a carrier of germs
water as nutrient
the value of foods for health
the possibility of organization
the need to plan personal life, farming, money, family and community for survival in a better environment
the role of government agencies
contraception.

From the description of the course units it is clear that the teaching of literacy and numeracy were not major objectives. As a result of doing the exercises, illiterate participants may recognize words like *comida* and *abono* (food and fertilizer), they will have gained some confidence in handling a pencil and in breaking down words into syllables, be able to read and write numbers and have an understanding of the arithmetic concepts. They will not, however, be able to read, write, or manipulate numbers. Sufficient exercises were not provided for this purpose where a particular point was taught. There was not a consistent revision of skills and build-up of competence week by week and unit by unit. This is not the fault of the course writer. It is clear that these were not his major objectives.

It follows therefore that the tutor was less of a literacy tutor and more of a

group discussion leader, distinguished from other participants by the ability to read and by greater confidence, but learning from the course at the same rate as the others. He or she used a text especially written to state issues and raise questions in the mind of the group. These were intended to stimulate discussion, following which the leader read prepared summaries. In many cases, the text, while raising specific problems, also provided specific guidance after encouraging discussion on a wide range of related issues.

It is possible to criticize this form of directed discussion by saying it is little more than a moral lecture. In the final unit, the initial few lessons combine guided discussion with political lessons. It could also be criticized because it is far from the Freire ideal of spontaneous discussion and group reflection and analysis. On the other hand, it can be said in defense, that where this form of study is being done with groups with little formal educational experience and where the tutors themselves are inexperienced, it is an effective way to teach. A group of adults that has no tradition of getting together to isolate, identify and define problems in their lives needs practice in analysis and in distinguishing cause and effect. They need guidance to help them keep track of all the new ideas that come to them as a result of discussion. Group discussion can be confusing for the participants, while they leap from topic to topic following their own train of thought or a conflict between members. There is a need for the leader to remind the participants of the conclusions that are being reached since the particpants may be too emotionally committed to the discussion to make a mental note for themselves. In the teaching of adults which involves the search for and the exposure to new topics and new ideas it is common for the participants to have a memory of an exciting class or group meeting but to be unable to pinpoint accurately anything that was discussed. Eventually this becomes distressing for the participants. They feel confused, they feel they know nothing that is tangible. Unless the group leader takes a firm role in summarizing and returning to basics, the group will conclude they are getting nowhere and will cease to come to meetings. The class teaching units devised by IPREFA may guide the paths the students should follow but in doing so they follow a tried and tested teaching model.

In noting that on conceptual issues the group tutor may well be reading from a text that tells the participants what to think, it is clear that the same is true in the more concrete topics covered by the UNEDI. In this case, however, the units are attempting not only to teach people but to motivate them to go out of the group meeting, organize, and do something about it. In the first

en el solar hay basura y agua estancada.

(There's garbage in the backyard and stagnant pools of water.)

la familia no se preocupa.

(The family doesn't care about it.)

cada dia aparece más basura.

(Every day there is more garbage in the backyard.)

en los charcos se crian las plagas

(Disease is spawning in these stagnant pools.)

toda la familia se enferma

(Everyone in the family gets sick.)

UNEDI, this is attempted three times: first on collecting rubbish and making a manure pit; second on cultivating vegetables; and third, on recruiting a community-based distributor from the community. In the second unit the group is taken through an exercise to identify members of the community who would give time to work on a community project. This is as part of the lessons on planning and organization. While the group tutors themselves were not community workers or intended to become community leaders, the teaching units went as far as possible to stimulate activity in the community. There are many precedents for this kind of teaching activity, notably the correspondence courses used by agricultural extension workers in Ethiopia and the radio and correspondence courses on agriculture in Tanzania and Kenya.

ISSUES

It is important to recognize that organizationally, the project could have been a nightmare. Professional jealousies, lack of commitment, non-communication between agencies, and simple inability to comprehend the methods of working of other professionals destroy many joint projects. Lack of joint forward planning and poor communication from the central office to the region or to the field can also destroy well thought out and well planned projects from within. In the capital city or in the central office of a multi-agency project many problems can dilute the objectives of work in the field and reduce the impact of the project on the very people it is intended to help. To be brutally frank, many people think joint projects mean extra work or extra supervision and do not make any attempt to adjust to the challenges of working on an interdisciplinary team. Furthermore, some cynical administrators agree to work on joint projects with the objective of extracting the benefits it entails for their department and without much intention of fulfilling their side of the bargain. This leads them to fulfill the minimum commitment to the project without seriously motivating their field staff. These are problems that have to be faced by project planners. There are also external problems over which no one has control: funding regulations, staff changes or changes in government policy. These may make day-to-day project development very difficult.

Those on the receiving end of a project are often confused. At grass roots level in the community, a complex organizational structure is never understood. However much the links are of benefit to a village, it is doubtful whether it is worthwhile explaining it to villages and individuals for whom it is designed. This is not to criticize their intelligence but to point out that a hard working mother or labourer is not interested in the structure of a program but in what it can offer to her or to him. The villagers want to

know how to use the system to his or her advantage and what facilities are available to them as a result of all the complex planning and cooperation. People want to know how to make the system work for them, not how it has been delivered down to them.

From the description of the work of "IPREFA Two" and from the account of the mid-term evaluation, it will be clear that the activities of the project were mainly educational and of great diversity and that the evaluation concerned itself with numerical targets and with the effectiveness of the inter-agency cooperation. IPREFA Two was more complex than IPREFA One, not only because there were more agencies involved but because the number of tasks was greater and the time was short. The three groups of education, health and family planning promoters worked from the same office, frequently went to the same villages and planned and taught education and training courses together. They were able, under the leadership of the project director, to build up a working relationship together. This is an aspect of inter-agency cooperation which was not evaluated. In time, the community-based distribution project already functioning in the area was able to synchronize essential activities with those of IPREFA. Given the authority of the coordinating committee and the agreement of the two ministries and Honduras FPA to work together, the project director did not have to meet deliberate non-cooperation. A project director who has relative goodwill in an inter-agency project only has difficulty keeping to the complex schedule of work. He or she is spared the misery of dealing with friction between project staff.

A work schedule had been carefully developed at the planning stage. It detailed the work of the team month by month and in some cases week by week. It was realistic since the director of the project had the experience of the previous IPREFA project to help him. The schedule was followed almost all the time despite early problems with transport and the rainy season. Nevertheless, two problems still existed at the mid-term evaluation. The staff felt the need for more training and education for themselves and had been asking for this since the project had begun. This had not been programmed into the work plan and required additional expenditure which IPPF was prepared to make available. It was, however, impossible to take staff out of the project for training once the project was in motion. The writing and production of the literacy materials lagged behind schedule. There was not time to do any field testing and the director felt there was not enough consultation between promoters and the course writer. In addition the information being brought back by the promoters from the field was not

being incorporated into the course materials. Since the concept of the psycho-social method is the direct relation between the lives of the learners and the works and the themes they study in the literacy materials, it was important that learners and tutors should be able to comment on the field tests of materials, and participate in their production. This was not achieved. On the other hand, the themes of the collaborating agencies – public health and responsible parenthood in the community setting – were to be important elements of the learning materials so it is difficult to see how the materials could have been developed and taught based entirely in the life experience of the adult learners.

On the whole, the inter-agency model worked well and effectively. There were no major problems affecting the evolution of the project. The problems in the realization of the project tasks were more ones of timing and planning than of integration.

Inter-agency cooperation meant much at village level. This was not because it was a particularly impressive thing in itself but because for the first time, the people in a village could feel they were the focus of attention. The training received by the *guardianes de salud*, the *representantes de salud*, the untrained village midwives, and the community-based distributors gave each village a core of trained health personnel. A trained literacy tutor, teaching materials and a study circle were other benefits. If members of the trained group put their training into practice, passed on the information they had, and encouraged people in more hygienic practices, then the multiplication effect would surely, in time, ensure they were listened to and remembered. The cross referral system to the family planning facilities would ensure more people were aware of their existence. Coordination led to a raised level of health care, and increased knowledge of health practices.

How far these individuals would work together in their own villages depended on their own personalities and on the degree of their understanding of the needs of the community. It also depended on how much time they had. The health personnel had instructions to organize digging of wells and latrines but they also had their own full-time work and distributed medicines. The literacy tutor was busy tutoring every night and the midwives were mostly in their 60's. Together they were supposed to form themselves into village level committees for the purpose of stimulating community action but this had not happened by the mid-term evaluation. Training for doing this had been severly limited nor is it clear they would have the time or the skill to attempt

community mobilisation immediately. Digging latrines requires sheets of corrugated iron and spades. These were not available from the Health Department so in a low-income village, the group of trained volunteers also had a fund-raising task on their hands. Nothing kills community initiative faster than the need to collect money.

While the mid-term evaluation made recommendations intended to strengthen the process of community mobilization, this did not appear as an objective in the original agreement between the agencies and seems to have evolved as a subsidiary objective as the project evolved. The question will be raised and will continue to be raised by project staff and others as to how far integrated projects can fulfill subsidiary objectives.

Mobilizing the community to dig latrines and take on other projects was a separate activity from midwifery, literacy teaching and distribution of medicines. The dilemma was recognized in part by the director and staff in the mid-term evaluation. They pinpointed the need to build stronger links with health administrators and to stimulate the growth of the village level committees. It may be that as planned and executed IPREFA did not have sufficient staff to support the volunteers once they went back to their villages. Whether more support should have been given to the development of village level committees may be a question of interpretation of the aims and objectives of the project.

Issues arising out of the project

Was IPREFA an integrated education and training exercise? or a planned parenthood promotion project with a component of health education? or a community health project promoting planned parenthood and improved hygiene in the villages?

Can the success of IPREFA be measured in the numbers of family planning acceptors? or the numbers of people who learned to read and write? or the numbers of latrines and clean water wells dug in villages?

Who or what gets the credit for the success of the project? : the organisational model, the education and training, the work of the volunteers in the villages or the leadership and support roles taken by project staff?

What was the role and the function of the teaching materials?

Two years from now what will remain of the work of the project: the CBD, midwife and health representative will still be in the village doing their job in the village. What will be remembered of the IPREFA programme and the rural development plan?

Does integration at headquarters necessarily mean integration at village level or should it be arranged separately?

In any community or group there is the process of community mobilisation or community action. Who or what shifts the process of learning and discussion to the decision to take action? Who or what sustains it until it is successfully completed?

How does one evaluate the contribution of the staff to the integration of the project?

How does one evaluate the work of the integrated team in relation to performance in the community?

How does the community perceive an integrated project?

The IPREFA staff were heavily involved with making contact with villages and with training. Was community mobilization to occur as a spontaneous action as a result of the project or was a community worker needed to give support to community initiatives?

The literacy classes contacted eleven people in villages from 400 to 600 people. Were they superfluous to the development of the project?

Do the advantages of cooperation outweigh the disadvantages?

Was the integration in the IPREFA project more to the advantage of the collaborating agencies than it was to the villages and villagers of Cortes and Yoro?

At the end of the project, what were the tangible results of collaboration?

Could a simpler working model have produced the same results?

What tangible gains did the community make from the inclusion of the health

and hygiene element of the project?

Did the project staff have too many tasks to perform?

Were the project staff to be promoters – working with volunteers to amplify their educational tasks – or community workers, helping the volunteers to stimulate activity for change in the villages where they worked?

Was the focus of IPREFA's tasks education or community mobilization?

Would staff with community development skills have more appropriate than specialist promoters working from a central office?

Conclusions

The results of IPREFA One and IPREFA Two confirm the following assertations:

- Integrated projects require much planning, in-service training and professional support.
- Integrated projects provide an enriched programme for development; share professional skills among a variety of specialists and raise the level of services in the field.
- Integrated projects meet the needs of individuals and communities; instead of promoting specialist and isolated interests they enable people to reason out and understand for themselves some of the factors that influence their lives.
- Evaluation of integrated projects should concentrate simultaneously on three areas: effectiveness of the cooperation; staff development; impact of the integrated model, if any, in the field of work.
- Adult literacy and functional education programmes can successfully incorporate planned parenthood as a topic.
- Planned Parenthood is naturally linked with health and hygiene concepts. It can be taught as such in Functional education programmes.

- In Latin America, the rural communities have not yet become hardened to community mobilization experiments by development agencies. They respond with enthusiasm, intelligence and commitment to development programmes.

- National family planning associations can usefully explore the possibility of joint programmes with government ministries and specialist agencies.

APPENDICES

APPENDIX ONE

Educational terminology defined in the context of IPPF work.

An IPPF policy document was drawn up by a working party in December 1975 and adopted by the Management and Planning Committee in May 1976. This monograph on IPREFA implements the recommendations of the Management and Planning Committee by promoting the understanding of the role of education as a key activity in the achievement of the Federation's overall goals and as a major component of every sector of the International Planned Parenthood Federation program. The quotation that follows outlines functional education in the context of IPPF work.*

"Throughout IPPF there is recognition of the need to strengthen and expand efforts to assist those at risk of unwanted pregnancy, as well as those who desire pregnancy. Education has an important role to play in meeting this need, building on and extending the work already accomplished in the creation of awareness, the provision of services and in establishing a favourable climate of opinion within which these services can operate.

"Education has the potential, more particularly, to help bridge the gap between awareness and knowledge of family planning and contraceptive practice. Although in programs designed to reach prospective clients the information and education processes are closely linked as part of an overall communications strategy, there is evidence to suggest that the provision of information alone is not sufficient to change attitudes and behaviour and that a more systematic educational effort is needed to assist the learner internalize the knowledge gained and use it as a tool for change. One of the prime objectives of family planning education is, therefore, both to stimulate wider use of available contraceptive services and to encourage more informed and sustained use of those services.

"If family planning education, however, is to be a catalyst for change, it has to be viewed as a learning process through which people can extend their understanding of population-related issues in a broader perspective, and regard family planning practice as contributing to a better family life as well as community and social life. Family planning education must therefore be set in the context of overall education for family life, which includes, among

*_A New Educational Policy for IPPF._ Education Department, IPPF, London, 1976.

other things, family planning, responsible parenthood, sex education, nutrition, environmental and population issues, child care. Family life education itself has to be built into the wider perspective of social and economic development.

"Seen in this light, the goals of family planning education are more appropriately expressed in terms of "improving the quality of life" than of the impact to be made on population growth rates. This in turn suggests, firstly, that family planning education must be viewed as a long-term process and, secondly, that efforts should be primarily directed towards the disadvantaged sectors of society.

"A pre-requisite for the effectiveness of such programmes is the recognition that people must be approached within their community and family settings rather than arbitrarily classified as isolated "targets", e.g., "women in the reproductive age group". Secondly, that educational initiatives must be based on a sound understanding of the characteristics of the learner group and thirdly, that no one communications model or strategy will be appropriate to all situations; rather programmes must be tailored to respond to specific needs and conditions. Further it should be emphasized that family life education has the potential to cause changes which may disrupt traditional ways of life and cultural values. This should stimulate all planners of family life education to investigate in cooperation with the learner-group to what degree new concepts and values can be built into the old cultural values and ways of life."

Educational terminology defined in the context of national development.

"*Informal education:* the lifelong process whereby every individual acquires attitudes, values, skills and knowledge from daily experience and the educative resources of hir or her environment;

Formal education: the hierarchically structured, chronologically graded educational system running from primary school through university.

Non-formal education: organized educational activity outside the

established formal system that is intended to serve identifiable learning clientels and learning objectives."*

Functional education is a strategy used within nonformal education. It is specifically designed to teach according to the interests and needs of small communities – villages, streets, or a special group of people: adolescent school dropouts, young mothers, peasant farmers. The motivation, interests and needs of the group are researched thoroughly before a syllabus can be designed for a specific group like this. A functional education syllabus will use the words of the people themselves and relate directly to the way of life of that community group. In functional education, the teacher is on equal terms with the student and not an outsider passing on knowledge and advice from an alien world outside. Its ultimate objective is to enable the student or community worker to participate in activities that will improve the quality of their lives and of their environment. It is not text book learning, it is not discussion, it is not explanation or exhortation. It is a process of group learning and self-learning whereby the individual and group acquire new information and new concepts directly related to the circumstances of their daily life.

Gaining new knowledge and mastery of new concepts are necessary first stages in the process of attitude change. They are the prerequisite of the stages of experimentation and changed behaviour. For this reason the term functional education and the strategy itself are increasingly used by community development workers, agricultural extension workers, community health workers and adult educators. The importance of carefully taught functional education programs has now been recognized by development workers. The concept has gained some acceptance in basic and remedial adult education programs in affluent nations as well.

Functional education therefore involves materials and a syllabus tailor-made for a group or community need and suggests a non-authoritarian relationship between teacher and pupil. Planned parenthood is part of a strategy for the improvement of the personal, social and economic condition of the family and the community. It involves a process of attitude change. Agriculture, manufacture, trade, transport and schooling are also contributing to this

*Coombs, P.H. et al: *New Paths to Learning for Rural Children and Youth*. International Council for Educational Development. New York 1973.

process. To stimulate change, the family planning worker has to introduce new concepts for the community to consider, discuss, accept or reject. The development worker also has to teach new skills to the group. Knowledge has to be passed on to the community and functional education is the planning and piloting of a needs-based curriculum. The areas of health education and literacy are particularly amenable to the community-based education approach. In addition, children, health and basic education are major aspirations of most families. Child care, health and concepts of planned parenthood can therefore be natural themes for a basic literacy and numeracy teaching scheme. This is the thread of reasoning on which IPREFA and similar family planning education projects are based.

Paulo Freire and Conscientization

It is not of course suggested that a functional education program with planned parenthood or health education as its objective should automatically be a literacy teaching project. Learning to read and write is a strong demand in many underdeveloped countries. Adults want to read in order to reassert their dignity in a literate society. Others see numeracy as a way to defend themselves from cheating. Regular literacy classes may be the only way in which a community would consent to sit down and discuss the issues of their daily lives. Paulo Freire developed a village-based functional literacy teaching approach which could make Latin American peasants literate in Spanish or in Portuguese in eight hours of teaching. The Brazilian peasants wanted to be literate in order to get permission to vote.

The speed of the Paulo Freire or "psycho-social" method is partly due to the structure of words in Spanish and Portuguese. His students were of course wanting to learn to read. Developing the skill of writing and spelling takes much longer. The careful preparation of the learning materials for the "psycho-social" method is the key to the rapid progress of the adult learners. The adult literacy researchers live in a village long enough to get to know many kinds of people, to understand the economy and the structure of the society, and to be familiar with the daily lives and the main concerns of the peasants. By talking with many people and by listening all the time, the tutor-researcher is able to identify and list key words or "generative themes". These are words that are charged with emotional meaning for the people of that particular community, the words for the things that most dominate their daily lives. The researchers then prepare pictures of the real occupa-

tions of that community designed to prompt a student to naming one of the key words; in a brickmaking village, a key word may be "mud" or "brick". The pictures are redrawn many times until the tutors are sure they evoke instant response. Once the sequence of pictures is completed the tutor brings his students together and initiates discussion on the themes deriving from the pictures and from the generative themes. Only when the ideas and concepts generated by that word and that picture have been thoroughly explored by the group does the tutor begin to teach them how to recognize or "read" that particular word. New words are built from the syllables of the "generative" words and from combinations of syllables already learned. The interest and understanding generated by the discussions and the emotional value the words have for the participants both motivate the learners and stimulate the memory. Learning to read is no longer a depressing and difficult drill and a test of the memory but a creative exercise of the heart and mind. The students do not spend forty minutes repeating letters and words until they fall asleep and blame themselves for their own inability to remember. The students learning by the Paulo Freire approach have directed their experience and intelligence onto the subject matter of some aspect of their lives. The word is not a series of symbols on the paper chosen by the government official in the capital city who wrote the primer but a clear living part of their existence.

Many are put off by the obscurity of Paulo Freire's books or the complicated explanations of those who write about him. He is one of the pioneers of the functional education approach as it applies to literacy teaching. He has demonstrated that student motivation is increased if the themes and words for study are dictated by the concerns of the community itself. The term "conscientization" refers to the process by which people begin to reflect on the nature of their existence, at the same time as they are learning to associate sounds with symbols and build them together to make new words. Freire and his colleagues discovered the potential of this approach for the politicization of peasants in Brazil and Chile. This may not be appropriate in other countries or with different languages. Nevertheless, the preliminary survey, the identification of themes, the time spent on discussion and analysis of their meaning and the breaking down of known words to build new ones from their component parts remain effective techniques for community development and functional education programmes with a literacy or numeracy component. Learning to read is to understand the sense of what is being read, not reproducing sounds in response to the symbols or letters on the page.

Adult Education, Literacy or Community Development

Some adults may go away from a community-based literacy group having learned how to recognize a word or two but with a far wider range of ideas about their life and their village. Others will work hard to master the two skills of reading and writing and place less importance on the sharing of ideas which has taken place in the study group. Both can be said to have learned. The planned parenthood education programs described in this monograph sought to make the learning so relevant that the participants would not only take in information but act upon it. IPREFA One sought to increase use of contraceptive services and IPREFA Two tried to stimulate participants to take some small step toward making their village a hygienic place to live in as well. This point – where learning and understanding leads to a change in attitude and where the enthusiasm of the group is channeled into working to change their environment – is where the community development process begins.

APPENDIX TWO

Strategies available to project planners

Since theory has no place in this monograph, the strategies available to project planners are described below. They are intended as a checklist and as a possible source of clarification of project objectives.

- Community Development
- Adult Education
- Agricultural Extension
- Community Health

Community Development

"You can take a horse to water," they say in English, "but you cannot make him drink." The proverb recognizes the universal phenomenon that people may hear, understand and agree with many things but they do not necessarily act accordingly and change their behaviour for the better. We know for example that smoking is bad for the lungs but we carry on smoking despite the statistics for lung cancer among smokers. Many simple changes could improve the quality of life. They are recognized by individuals and communities but they are not acted upon; the latrine doesn't get dug, the school roof doesn't get mended. Some blame tradition or call the lack of activity apathy in the face of overwhelming problems. Community development workers on the other hand accept inaction as a phenomenom of group behaviour. They maintain that a group may develop its own motivation and begin to take action once the neighbourhood, street, village or compound has got together, discussed the problem, defined it and decided what is needed to improve things. The job of the community worker is to set this process in motion and to identify external resources which may be needed by the group.

Whether based in urban or rural areas, community workers have the following broad objectives:

- To foster a sense of collective responsibility and purpose;

- To help groups to initiate activities that will benefit both themselves and the community as a whole, i.e., wells, drains, latrines, community bulk-buying, mothers' groups, advice centres, applications

for government loans, building a road, a school, a community hall;

- To keep isolated and disadvantaged communities in contact with wider issues affecting the nation and their own lives.

These objectives may be realized in many ways. The most widely used techniques of the community development worker are:

- Public meetings
- Small group discussion
- Demonstration and example
- Advice to individuals
- Nonformal education and training
- Political activity
- Disbursement of equipment and small loans.

In the main, the community worker mobilizes the group. It is not the objective of community development to help individuals improve themselves at the expense of others or in competition with them.

Adult Education

In the formal system adult educators teach a variety of courses that provide a ladder towards qualifications, training and status. Students may study full-time or part-time. Learning might be by correspondence courses, courses linked to the mass media, or in night or day classes face to face with a teacher. Increasingly, developing countries are using distance teaching methods and part-time education both to make education more accessible to the mass of the population and to produce the necessary educated manpower for the economic progress of the country.

In the nonformal system, education is related to the needs of the country as perceived by a group of individuals living in one small area. Though they might like to study literature and mathematics, their immediate needs may be to improve their agricultural yields and to guard themselves against poor harvests for example. The needs of a village, a special group, community or area form the basis of a curriculum. Adults study voluntarily part-time in meetings that may not even be lessons and for which there are no examinations and no certificates. The teaching method may be by primer, group discussion, short talks; by demonstration, or simply by cultivating an experimental patch of

ground. The information will be presented in a manner acceptable to adults with a low level of basic education. If anything is written it will be at a functional literacy and numeracy level. If complex, unfamiliar topics are introduced, they are explained and discussed in detail by all participants. Jargon and technical terms are avoided. The teaching is on equal terms and non-authoritarian.

Adults educate themselves in a variety of ways, many of them unrelated to the explanation or the discussion in a study group. It is not even necessary to sit down to learn; traditional arts, music and crafts can popularize and reflect new ideas too. Drama, puppet shows, popular music, carvings, murals and participatory radio and TV programs also teach or can be made to teach informally.

Agricultural Extension

Agricultural extension workers are also agents of change. Their role is to try to implement at grass-roots or at village level the agricultural policy of a country. In many places this means persuading people to change their whole way of life. An agricultural extension worker has to convince people to undertake the extra work to improve irrigation for example or the extra expense involved in using fertilizers or improved seed. The worker has to motivate people to experiment with new crops. An agricultural extension worker will often try to develop cooperatives and help people to get government loans. The techniques used will be more or less the same as those used in the community development approach. It might even be a combination of the community development approach and the nonformal education approach. Since agricultural extension workers often have a wide geographical area to cover their personal contact with individuals and communities may be less intimate than that achieved by the community worker or nonformal education worker.

Community Health

Community health workers are concerned with preventive as well as curative medicine. Planned parenthood may or may not be part of their responsibilities. Since much of their work is directed to mothers and young children, they tend to be the only professional group to know women's needs as distinct from community needs and problems. This is valuable since in many societies agricultural, community development and adult education programs

are male-oriented. Women too have community and education needs and they are frequently agricultural workers as well. Some community health programs are recognizing this fact and are beginning to include elements of community development, skills training, adult education techniques and agricultural information in their preventative and health education programs. Some community health schemes have nonformal classes running as an extension of clinics. Staff are moving out of the clinic and into the home or the community.

From the above description, it is clear that specialist community level workers have complementary aims and use related techniques. The IPREFA projects One and Two incorporated elements of community development, adult education, agricultural extension and community health. We invite the reader to consider what method of working, or combination of methods of working would be most appropriate for a functional education project with a planned parenthood objective.

Having considered the strategies which might be used in a project, it is next important to consider the methods to be used by the project staff. In the context of planned parenthood and community development projects it is vitally important to get people thinking and beginning the process of attitude change. Tried and tested methods are:

- Community development projects
- Nonformal education
- Adult learning and teaching
- Self-learning
- Group work and participation
- Built-in research and evaluation.

Some of these are already familiar to workers in the FPA field. All are approaches used by the professional community development worker. The IPREFA project tested their appropriateness in the planned parenthood context. Whatever approach is chosen, communication between the project staff and the community has to be both an effective and a motivating force. The following paragraphs on group discussion and self-learning and evaluation are intended to clarify some of the factors that affect adults when they learn and when they begin to think of changing the course of their lives.

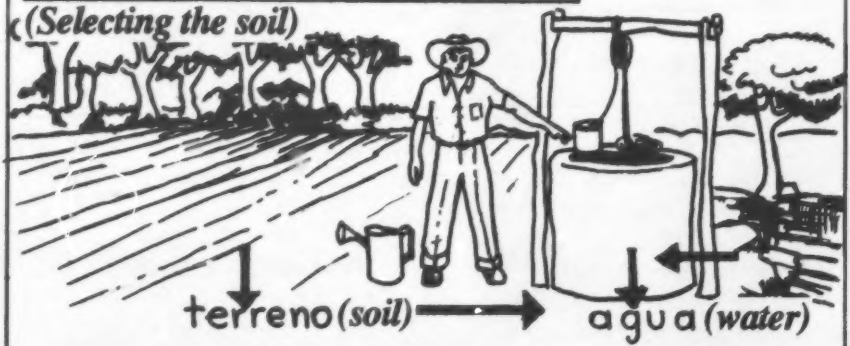
PROYECTO RURAL INTEGRADO

IPREFA TWO: Preparing the ground and planting seeds.

UNEDI	Hoja de Trabajo
No. 1	№ 15

1 Seleccionar el terreno

(Selecting the soil)

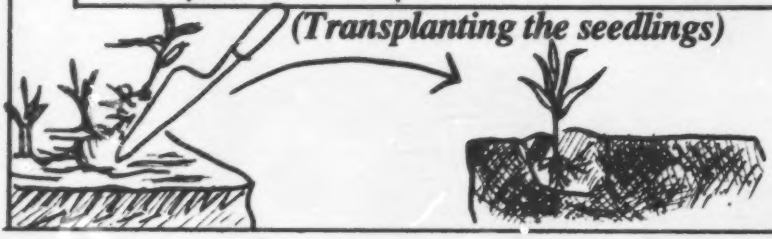


2 Preparar los semilleros y el terreno

(Preparing the seeds and the soil)

3 Trasplantar las plantitas

(Transplanting the seedlings)



PROYECTO RURAL INTEGRADO	UNEDI	Hoja de Trabajo
	No. 1	Nº 6

IPREFA TWO:

todos nos enfermamos

(We all get ill.)

PROYECTO RURAL INTEGRADO

UNEDI	Hoja de Trabajo
No. 1	Nº 1

IPREFA TWO: Discussion Picture. The unkempt village.

Group discussion

Group discussion is a technique used to promote group decision-making. Discussion can widen the issue of planned parenthood to health, hygiene, the role of parents in the family, the duties of the family in the community, community economic and political concerns, considerations of what is happening in the rest of the world. All discussions are circular. To the outsider they may seem inconsequential or illogical. They tend to define and redefine the issue, to move to topics far removed from the original question and then to return to start at the beginning all over again. Individuals contribute to discussion following their own train of thought. Some listen to what others have to say and find they begin to understand what puzzled them before. Personality conflicts are frequent and to the outsider, discussion often sound chaotic, confused and inconclusive. This does not matter. Group discussion provides the setting in which new ideas can safely be considered from every angle. Friends and neighbours and others learn from hearing what each person thinks. It is a process that prevents an expert from coming in and telling people what to think or do. It is a process that gives people time to think. A good group worker never interrupts or directs a discussion, only prompts discreetly, gives information that the group does not have, or deflects destructive conflict.

Community development and group work are closely entwined. Through discussion a community can identify its problems, analyze the causes and begin the tentative process of thinking out solutions to those problems. The process of discussion and decision-making in a group gives confidence to the individual. Working with a group generates its own motivation and support. It is difficult for the individual to act against convention or group pressures so it is clear that while the individual unconventional act is weak and requires courage, a group decision must be strong.

Adult learning

Each adult is an independent, mature entity whose primary concern is to maintain his or her status and self-respect in the community. We are all on the defensive against each other and against outsiders. Furthermore, each adult is the repository of much accumulated knowledge, life experience and skills. These constitute the status of the learner in the group. The group worker or teacher has to identify and give credit for this knowledge, building a bridge of mutual respect and confidence before beginning to pass on new

ideas and new information. Clearly group work is a valuable strategy in promoting learning and attitude change – it allows each individual status and the chance to learn from others without loss of self-respect.

Why is it so important that learning take place in an atmosphere of equality between teacher and learner, group worker and community? In the context of planned parenthood, the decision-making process is a complex personal one which may involve considerable changes of attitude. If the project is an integrated one, involving many aspects of community life, then change of attitude and change of behaviour become hard work, painful even and often involving an element of risk. Nobody is going to change his behaviour in agriculture or health practice just to please an outsider but discussion and teaching on equal terms put the individual and the group at the centre of the learning process. In fact, it is they and not the community worker who dictate the subject, the manner and the progress of ideas. Professional educators or health workers accustomed to face-to-face classroom or clinic-based relationships find this situation a frightening prospect. In addition they often find it absurd, in danger of being irrelevant and uninformed. They wonder how adults can learn anything when there are no books and no expert to pass on knowledge. On the contrary, the individual and the group know everything; they know their daily lives and their constraints. Knowing that, they can work out solutions. Having done that they are in a position to request information and are also motivated to learn the skills necessary to put solutions into practice. The adults question the teacher, health worker or agricultural worker instead of being questioned or lectured by them. By teaching on equal terms, by working with the community in groups, by promoting discussion instead of talking at people, instruction and learning and the process of attitude change take place in an atmosphere of equality with the motivation coming from within the group and not from without. Mutual respect will characterize the relationship between the agents of change and those who are working to change their lives.

APPENDIX THREE

Further Reading

Ahmed and Coombs: *Education for Rural Development: case studies for planners.* Praeger Publishers, 111 Fourth Avenue, New York, NY 10003, USA. 1975.

Brown, Cynthia: *Literacy in 30 hours.* Writers and Readers Publishing Co-operative, 14 Talacre Road, London NW5 3 PE. UK. 1975.

Johnston, Mary: 'The Planning Dialogue in the Community', in *Contact 43. Christian* Medical Commission, World Council of Churches, 150 route de Ferney, 1211 Geneva, Switzerland.

Srinivasan Lyra: *Perspectives on Nonformal Adult Learning.* World Education, 251 Park Ave. South, New York, NY 10010 [English & Spanish].

Siew Nqo. Fong and Helen Martins: *Family Planning and Family Life Education for Pre- and New Literates: A guide to sources, methods and resources.* International Planned Parenthood Federation, 18-20 Lower Regent St., London, SW1Y4PW, U.K. 1980.

APPENDIX FOUR **INPUTS IPREFA ONE**

Contributions of the Ministry of Adult Education, Government of Honduras

	CATEGORY	REMARKS	1974-75		1975-76	TOTAL
PERSONNEL						
1.1	Team Supervisor	24 mo. @ 20%	3,660	3,660	7,320	
1.2	Health Specialist	24 mo. @ 20%	1,500	1,500	3,000	
1.3	Home Economics Specialist	24 mo. @ 20%	1,560	1,560	3,120	
1.4	Specialist in Basic Education	24 mo. @ 20%	1,800	1,800	3,600	
1.5	Personnel of the Department of Adult Education	3 persons @ 1 %	1,000	1,000	2,000	
1.6	Peace Corps Volunteers	3 persons @ 1 %	1,080	1,080	2,160	
			$10,600	$10,600		$21,200

Contributions of the Honduran Family Planning Association

PERSONNEL

1.1	Staff of the Honduran Family Planning Association	3 persons @ 10%	1,000	1,000	2,000	
			$ 1,000	$ 1,000		$ 2,000

ADMINISTRATION

2.1	Office space, supplies, use of equipment		500	500	1,000	
			$ 500	$ 500		$ 1,000
			$ 1,500	$ 1,500		$ 3,000

CONTRACT COSTS **INPUTS**

	CATEGORY	REMARKS	1974-75		1975-76	TOTAL
PERSONNEL						
1.1	Evaluator	24 months @ $400/MO.	4,800	4,800	9,600	
1.2	Family Planning Educator	24 months @ $200/MO.	2,400	2,400	4,800	
1.3	Specialist in Materials production	24 months @ $200/MO.	2,400	2,400	4,800	
1.4	Secretary	24 months @ $100/MO.	1,200	1,200	2,400	
1.5	Promoters (60)	100.8 months @ $50/hr.	2,304	5,760	8,064	
1.6	Assistants: Photographer, Artist	6 months @ $1,00/hr.	480	480	960	
			$13,584	$17,040		$30,624
TRANSPORTATION AND PER DIEMS						
2.1	Transport – Evaluator	48 trips @ $50.00/trip	1,200	1,200	2,400	
2.2	Per Diem – Evaluator	240 days @ $10.00/day	1,200	1,200	2,400	
			$ 2,400	$ 2,400		$ 4,800
TRAINING						
3.1	Team (3 persons)	30 days transport and Per Diem	1,650	–	1,650	
3.2	Promoters (60 persons)	756 days @ $5.00/day	1,080	2,700	3,780	
			$ 2,730	$ 2,700		$ 5,430

CONTRACT COSTS (continuation) **INPUTS**

	CATEGORY	REMARKS	1974-75		1975-76	TOTAL
EQUIPMENT						
4.1	Mimeograph Machine	Electric (Gestetner)	1,200	–	1,200	
4.2	Typewriter	Standard	400	–	400	
4.3	Tape Recorder	Portable	100	–	100	
4.4	Slide Projectors (6)	Battery Powered @ $20.00 each	120	–	120	
			$ 1,820			$ 1,820
MATERIALS						
5.1	Work sheets for adult students	70,000 @ $.034/sheet	680	1,700	2,380	
5.2	Booklets (4 themes) for adult students	15,000 @ $.30/booklet	1,500	3,000	4,500	
5.3	Stencils	–	50	50	100	
5.4	Photographic supplies and developing	–	175	175	380	
5.5	Replacements	Batteries and tapes	60	60	120	
5.6	Experimental Materials	Educational Games, Posters, Photonovels, Flipcharts	750	750	1,500	
5.7	Teacher Guides		60	–	60	
			$ 3,275	$ 5,735		$ 9,010
ADMINISTRATION						
6.1	Postage, telephone, telegraph, etc.	@ $50.00/MO.	600	600	1,200	
6.2	Supervisory trips	Trips @ $50.00/trip	600	600	1,200	
		Funds to be used only for expenses, supplies and educational materials.	$ 1,200	$ 1,200		$ 2,400
			$25,009	$29,075		$54,084

APPENDIX FIVE

IPREFA PROJECT – SURVEY OF THE FINAL EVALUATION – JANUARY

ONE Date of Survey:
Interviewer:
Code:
A B C

1. *Selection of interviewee:*

1. Father of Family
2. Mother of Family
3. Other adult member of the household 1

Words of Greetings:

I would like you to be so kind as to answer some questions for a study we are carrying out about family life in this place. Your answers will be treated as confidential.

2. Are you or anyone in your family a member of any co-operative?

1. YES
2. NO 2

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3. (*If the answer was YES*)

1. Superación
2. Nacional Alianza
3. El Triunfo
4. Subirana
5. Lourdes
6. Guanchias 3

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4. *Sex of the person interviewed*

1. Male
2. Female 4

5. *Complete name and surname:*
Address:

6. How old are you? / /

1. Younger than 20 years old
2. 20 – 29 years old
3. 30 – 39 years old
4. 40 – 49 years old
5. 50 – 59 years old
6. 60 or more years old
9. Don't Know

7. Did you go to school? YES NO

Which was the last level or year you reached?

1. Never went to school
2. Went to school but never passed any course
3. Primary incomplete
4. Primary completed or more
9. Don't Know 7

8. Are you currently united, married, bachelor, widowed, divorced or separated?

1. Currently living in union (free union or marriage)
2. Bachelor (never married or united)
3. Widowed, divorced or separated 8

9. What is your occupation or profession?

1. Farmer
2. Housewife
3. Others (Which?) 9

10. How many living children do you have at present?

1. None
2. 1-3 children
3. 4-6 children
4. 7-9 children
5. 10 or more
9. Don't Know 10

11. How many of your children have *died*?

1. None
2. 1-3 children
3. 4-6 children
4. 7 or more
9. Don't Know 11

12. Do you know that it is possible to avoid having many children?

1. YES
2. NO 12

13. How frequently do you think it is good to have children?

1. Every year
2. Every 2 years
3. Every 3 years
4. Every 4 years
9. Don't Know 13

14. Why do you think like that? (Mark *all* the answers)

1. For reasons of the mother's health
2. For reasons of the children's health
3. For economic reasons
4. For educational reasons

5. Other reasons (which?)
9. Don't Know 14

15. If you are planning your family, would you mind other people knowing?

1. YES
2. NO 15

16. (*If the answer was YES*)

Why did you say you would mind?

1. It's something new or abnormal
2. It's a bad thing
3. Because of fear of other people's criticism
4. Other reasons (which?)
9. Don't Know 16

17. (*If the answer was NO*)

Why did you say you *would not* mind?

1. It's a good thing
2. It's usual and normal
3. Other reasons (which?)
9. Don't Know 17

18. Which are the most dangerous days in a month for a woman to get pregnant? (Write down the exact answer)

1. Correct answer
2. Partially or totally incorrect answer
3. Don't Know 18

19. What methods do you know to prevent pregnancy?
(Mark *all* methods known to the interviewee)

1. None
2. Pill
3. Condom
4. IUD (loop)
5. Sterilization
6. Injection
7. Other efficient methods (which?)
8. False methods (which?) 19

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20. (If he/she knows any method)
How did you hear about the contraceptive methods you know?
(Mark all the answers given by the interviewee)

1. Family Planning Clinic (Santa Rita de Yoro Health Centre)
2. Literacy Circle
3. Distributors
4. Promoters
5. Relatives or friends
6. Radio
7. Other mass media
8. Through other means (which?) 20

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21. Are you *currently* using any contraceptive method?

1. YES
2. NO 21

---

22. (*If currently using*)
Which method are you using? (Mark *all* methods used)

1. Pill
2. Condom 22

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3. IUD (loop)
4. Sterilization
5. Injection
6. Other efficient methods (which?)
7. False methods (which?) 22

23. (*If currently planning*)
Who or what convinced you to use those contraceptive methods?
(Mark *all* answers given)

1. I decided by myself
2. Family Planning Clinic (Santa Rita de Yoro Health Centre)
3. Distributors
4. Literacy Circle
5. Promoters
6. Relatives or friends
7. Radio
8. Other person or thing (which?) 23

24. (*If currently planning*)
Where do you or your wife obtain what you need to prevent pregnancy?

1. Family Planning Clinic (Santa Rita de Yoro Health Centre)
2. Distributors
3. Chemist shop
4. Other health centres (Progreso, etc.)
5. Own doctor (GP)
6. Other (which?)
9. Don't Know 24

25. What do you think about the services provided to the community by the Family Planning Clinic of Santa Rita?

1. Does not know of it
2. Likes it (favourable opinion)
3. Does not like it (unfavourable)
4. No opinion at all 25

26. What do you think about the service provided to the community by the distributors of contraceptives (pill)?

1. Does not know of it
2. Likes it (favourable opinion)
3. Does not like it (unfavourable opinion)
4. No opinion at all 26

27. (*For those who know about both services*)
Which of these two services do you prefer: the clinic or the distributors?

1. The clinic
2. The distributors
3. Both equally
4. Don't Know 27

28. What is your opinion about the family planning in your community?

1. Likes it (has a favourable opinion)
2. Does not like it (unfavourable opinion)
3. Has no opinion at all
4. Does not understand the question. 28

29. Did you take part in any literacy circle?

1. YES
2. NO 29

IF THE ANSWER TO 29 WAS "NO", *THE SURVEY ENDS HERE*

IF THE ANSWER WAS "YES", *CONTINUE ON THE FOLLOWING PAGE*

QUESTIONS ONLY FOR PARTICIPANTS OF THE LITERACY CIRCLES

30. Did you learn to read and write in the literacy circles?

1. Yes
2. A little
3. No

30

31. Did what you learned in the literacy circle serve you in any way or not?

1. Yes, it was useful
2. No, it wasn't useful
3. It was a little useful
4. Don't Know

31

32. Among the things you learned in the literacy circle, which were the most useful?

32

33. Among the things you learned in the literacy circle, which were the least useful?

33

34. Did you think it was a good thing or a bad thing to teach family family planning in the literacy circle?

1. Good
2. Bad
3. Doesn't mind one way or the other
4. Don't Know

34

35. Did you discuss with your family or friends the things you learned about family planning in the circle?

1. YES
2. NO

35

36. (*If the answer was "YES"*)

About family planning, what did you discuss with your family?

36

APPENDIX SIX

IPREFA TWO

Health Issues:

1. Questionnaire on levels of environmental hygiene in the villages:

How is your "solar"?* Clean Dirty O.K.

Why do you think this is?

Do you have a latrine?

What type?

Do you have a special dumping ground for rubbish?

If you don't, what do you do:

throw it outside on the ground?

burn it?

use it for fertilizer?

Has anyone in your family been vaccinated?

Who?

Where does your water come from?

well, tap, river, spring, other

What are the most common diseases here?

Who gets them?

*the land around your house.

Problems of hygiene and cleanliness:

What services do you have in your village for this?

What community servant do you have?

2. Topics in the week long training course for health guardians. (IPREFA staff).

What is community, communication, organization of the community?

Health: history, levels of services available, formal and informal health care.

Programs: mother and child clinics, vaccination campaigns, making the living area hygienic.

Formal and nonformal systems: definitions, putting them into practice.

What would they both provide?

Reference systems.

IPREFA

Honduras FPA

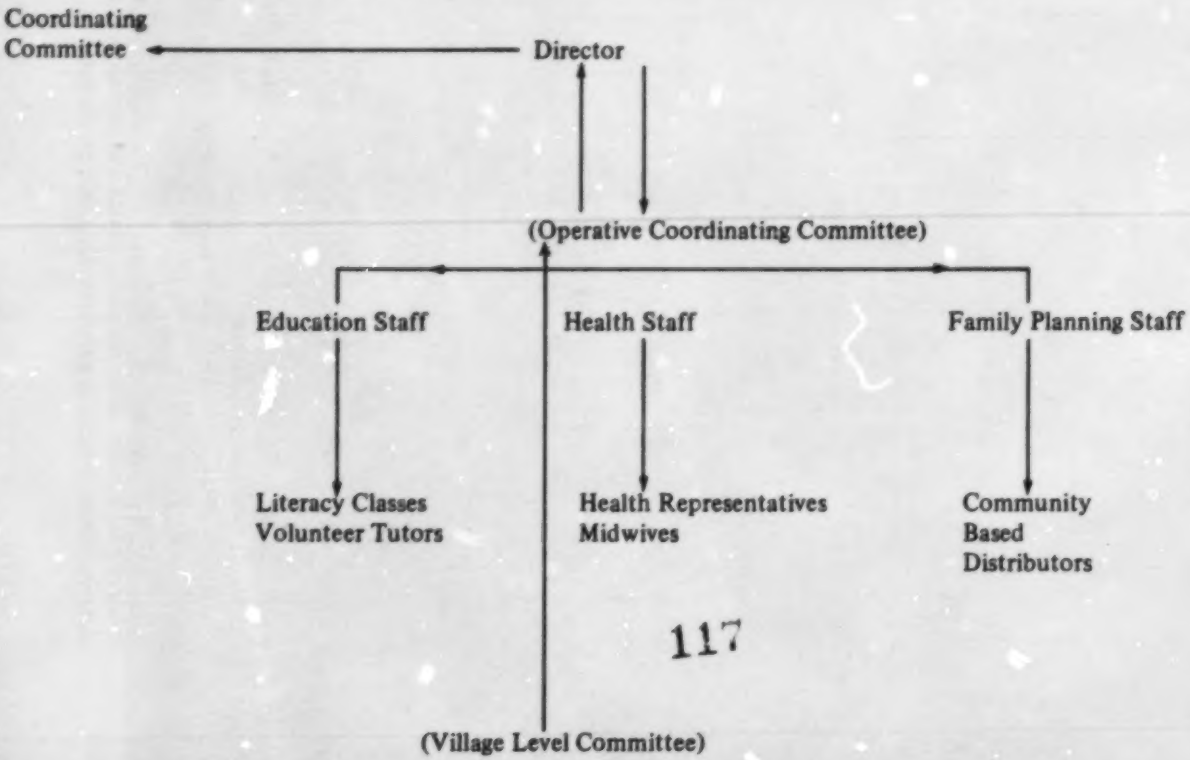
Family: role in the community, duties to each other, organization.

Needs: water, control, wells, keeping water clean, clean environment, control of insects, hygiene, health education.
Importance of antenatal and postnatal care, referral of mother to health centre.

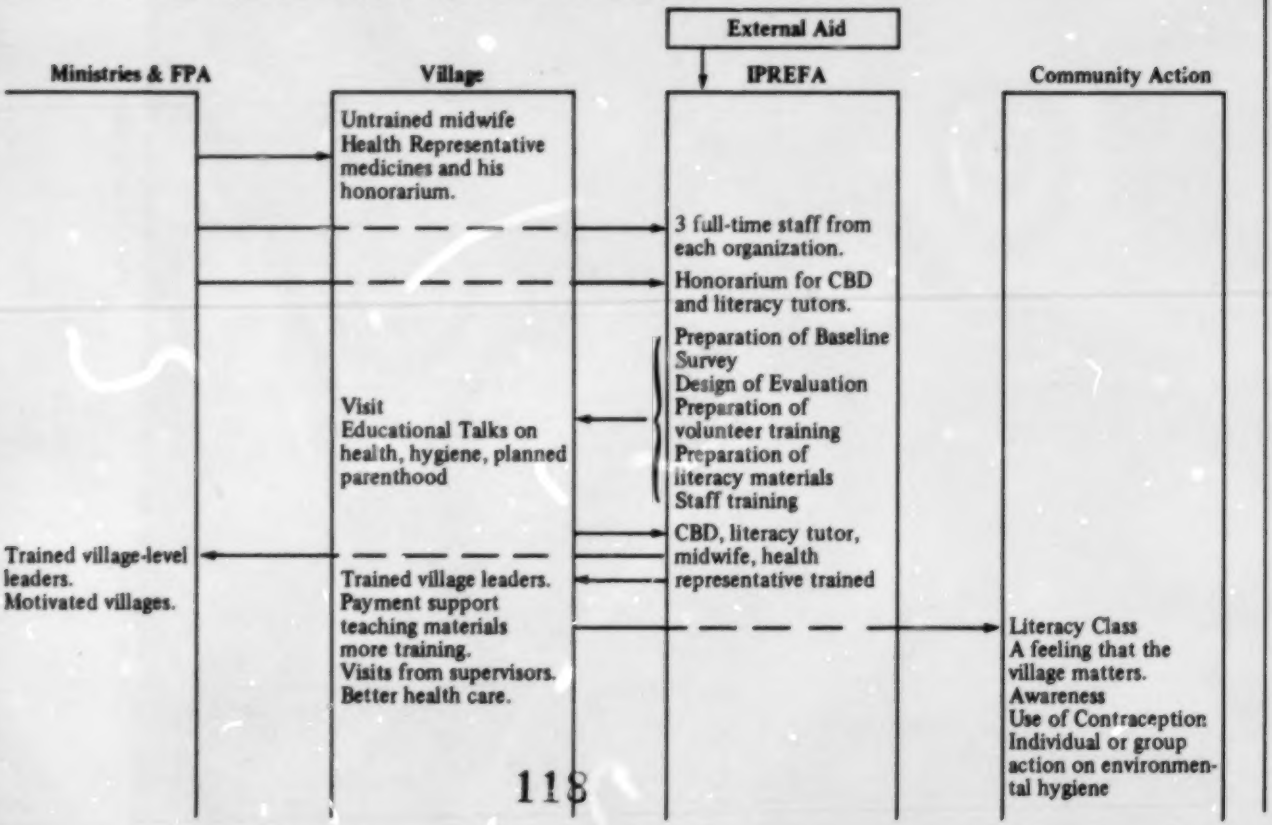
Primary health care: identification, causes and prevention, treatment; diahrrea, fever, intestinal parasites, reference to clinics.

APPENDIX SEVEN

IPREFA TWO: THE ADMINISTRATION HIERARCHY.



IPREFA TWO: PATTERNS OF ACTIVITY. (In time order and assuming a village with no CBD.)



IPREFA TWO: THE CHANNELING OF STAFF RESPONSIBILITIES.